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EDITORIAL

Welcome to the Irish Social Worker, open access practice and research journal 2020. This edition of the journal offers readers a wide range of articles.

Dr Rebekah Brennan, Dr Kenneth Burns and Dr Conor O' Mahony present the findings and recommendations of the Voluntary Care in Ireland Study. Drawing on quantitative and qualitative research, the study examines the extent to which children's and parental rights are adequately protected in voluntary care.

Child protection social work practice has experienced significant change and development in recent years. Dr Joseph Mooney, charts some of the key changes and challenges and describes the design of an online survey study that seeks to establish whether these developments help or hinder those coming forward.

Dr Stan Houston explores four conceptual skills: reflection, reflexivity, mentalization and critical thinking. Looking at a critical incident through the four conceptual lenses, he offers the perspective that these skills enhance the quality of social work assessment and intervention.

Oliver Brockmann examines the neoliberal discourse and its adoption within the social work profession. Drawing on an extensive review of the literature, he offers the perspective that resistance is necessary as the uncritical adoption of neoliberalism will lead to the decimation of the profession.

Dr Maria Lotty explores research undertaken by Tusla, the Child and Family Agency and University College Cork (UCC) that sought to reduce fostering instability. She examines its contribution in producing an evidence- based psychosocial intervention that supports the capacity of foster carers to provide children with trauma- informed care.

Frank Browne provides an overview of the recently published mental health policy: Sharing the Vision- A Mental Health Policy for Everyone. He offers a critical appraisal of the policy and some implications for social workers.

Dr Lisa O Reilly's article is grounded on a practise-based study developed for Tusla frontline child and family practitioners to support caregivers in their engagement with children. The study shows how parents and foster carers can play with their children to build connection and to work through challenging behaviours in a manner that is respectful of the child's age and stage of development.

Lorraine O' Donovan discusses the views of practitioners on their delivery of the Strengthening Families, evidence-based parenting programme. A qualitative study using journaling and interviews, it examines the practitioner's delivery of the programme and investigates the influence of the complexity of family and parenting on programme delivery.

Integrated Care aims to integrate primary and secondary level interventions and supports to improve the quality of life and outcomes for the older person living at home. In her article, Aoife Dunne presents a case study referred to the Integrated Care for Older Persons Team in Connolly Hospital Dublin.

Laura Cullen and Dr Stan Houston reflect on the role of the natural environment in promoting human well - being and development. By re-working Bronfenbrenner's *person-in-environment* model, they encourage social workers to adopt a more expansive and holistic understanding of human well-being.

I would like to thank members of the journal committee Frank Browne, Dr Colletta Dalikeni, Steven Peet and Sinead Twomey who provided invaluable advice, guidance, and support, in the development of the journal. On behalf of the committee, I would like to acknowledge and appreciate the contribution of the peer reviewer panel. Their support, guidance and encouragement is sincerely appreciated. The Irish Social Worker Journal would not be possible without the support of Danielle Mc Goldrick (Office Manager IASW) and Marina Tiribelli (Office Administrator IASW) who assisted with the editorial and publication of the journal.

Finally, IASW is indebted to the authors who have shared their expertise and knowledge with us.

We look forward to the next edition and encourage and invite writers in social work, policy, practice, and research to submit articles for publication.

Majella Hickey Editor

THE VOLUNTARY CARE IN IRELAND STUDY: KEY FINDINGS AND RECOMMENDATIONS FOR LAW REFORM AND SOCIAL WORK PRACTICE IN IRELAND

Authors: Dr Rebekah Brennan, Dr Kenneth Burns and Dr Conor O'Mahony

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Declaration

The authors declare that this article is solely for submission to the Irish Association of Social Workers Journal and has not and will not be submitted for publication elsewhere. The authors also declare no conflict of interest.

Abstract

Voluntary care agreements form a significant part of child protection systems in Ireland. They are less adversarial, less time-consuming, and less costly than court proceedings, and can facilitate a more collaborative relationship between parents and social services. However, the circumstances in which voluntary care agreements are conducted can give rise to significant risk that the rights of the child may not be sufficiently upheld and that parental consent may not always be freely given and fully informed. This paper presents data from the *Voluntary Care in Ireland Study* which examines the extent to which children's and parental rights are adequately protected in voluntary care. Comparative reference is made to other jurisdictions. The findings indicate that while voluntary care has a key role to play as a care pathway and should be retained, there is a pressing need to reform section 4 of Child Care Act 1991 and to ensure that social work practice ensures significant safeguards are in place to protect the rights of children and their parents.

Keywords

Social work; voluntary care; foster care; children's rights; parental rights; child protection and welfare.

Introduction

The majority of children who enter state care in Ireland, approximately 55% in 2018 (Tusla, 2018), do so through voluntary care agreements rather than through a court order. Although 70% of children in voluntary care transition to a court order by year end and some voluntary placements relate to short term respite for a parent experiencing difficulties, others can persist for many years.

Prior to this study, the limited empirical international literature focused on voluntary care (n=5) (Pösö *et al.*, 2018; Hill, 2017; Lynch, 2017; Masson, 2018; Bailey, 2011; Masson, 2005) and other non-empirical research articles and reports (n=9) (Semanchin Jones *et al*., 2018; Corbett, 2018; O'Mahony, 2018; Shannon, 2018; Nolan, 2017; Howe, n.d; Burns et al., 2017; Nolan, 2017; Masson and Svenson, 2015) indicated that there were multiple areas of concern related to how voluntary care arrangements currently operate. These include: a lack of independent oversight to ensure adequate allocation of resources and services for children (Corbett, 2018; O'Mahony, 2018); excessively lengthy placements and 'drift' (Shannon, 2018; Hill, 2017; Bailey, 2011), and reduced provisions for ascertaining the views of the child (O'Mahony, 2018). In addition, ambiguity around obtaining informed consent from vulnerable parents (Corbett, 2018) and lack of legal representation for parents (O'Mahony, 2018) were highlighted in the literature.

The literature also highlighted clear positives regarding voluntary care: namely, voluntary care is a less adversarial intervention compared to District Court childcare proceedings (Corbett, 2018; Burns *et al.,* 2017; Nolan, 2017). It is quick; cost effective; accessible to parents in crisis; can be temporary; provides refuge for a child; can be a family support intervention, and avoids the court environment, which has been found to be stigmatizing, adversarial, stressful for both families and professionals, and where the focus on the best interests of the child can be compromised (Corbett, 2018).

Empirical evidence on voluntary care was entirely absent in Ireland prior to this research. There are also too few studies available internationally to come to any definitive conclusions about the benefits or disadvantages of voluntary care usage. The topics identified in the limited literature base informed the focus of the *Voluntary Care in Ireland Study* at University College Cork.

1. Methodology

Since 2018, the *Voluntary Care in Ireland Study* has been undertaking the first detailed investigation into voluntary care agreements in Ireland, and one of a few ongoing internationally. The study is based in the School of Applied Social Studies and the School of Law at University College Cork. The study employed a mixed-methods approach consisting of an online national survey of social workers that collected quantitative and qualitative data. An online consultation was conducted with social workers, legal practitioners, academics, and civil society organisations to assist with the development of the online survey. Responses (n=29) were analysed and combined with our analysis of the literature to finalise the online survey. The survey was piloted, revised, and circulated to social work practitioners and managers (max. possible sample n=c.1,400) by Tusla through its internal email list between the January and March 2019. 243 responses (c.18% participation rate) were received.

This was followed by an in-depth exploration of themes identified in the survey and scoping literature review through qualitative focus groups with social workers and individual interviews with solicitors. The study collected data representing seven counties with a mix of urban, mixed urban/rural, and rural practice settings. Twenty solicitors took part in semi-structured interviews. Ten worked for the Legal Aid Board representing parents; seven worked in private firms representing Tusla, and three worked in private firms with experience of representing both parents and/or guardians *ad litem* and/or children. We also conducted at least one focus group with social workers in each county, with a total of twenty-six participants.

The first two phases of the study focused on professionals' experiences and perspectives. Phase three involved collecting data from children's advocates who work with children in care and care leavers. Phase four involves collecting data from parents with experience of placing children in care through the voluntary care pathway (still ongoing). We are also currently collecting data from care leavers (Phase five) and Phase six (collecting data from young people in care) is anticipated.

2. Findings in relation to children's rights in voluntary care

Participants confirmed that voluntary care may allow resources that would otherwise be spent on expensive court proceedings to be channelled into early intervention that might prevent children coming into care in the first place. As voluntary care agreements are agreed rather than imposed, they avoid the highly oppositional and stressful dynamic commonly seen in court, as there is no need to demonstrate parental neglect or abuse to justify a care order. Through consenting to voluntary care, parents acknowledge that there are difficulties to be addressed. This makes family reunification more likely in the long term and reduces traumatisation of the child. It should be noted that the European Convention on Human Rights case law (as approved by the Irish courts) requires that any placement in care should in principle be viewed as a temporary arrangement, with the ultimate goal being family reunification. (See *Johansen v Norway* (17383/90, 7 August 1996) at [78], as quoted with approval by McMenamin J in *Health Service Executive (Southern Area) v SS (a minor)* [2007] IEHC 189 at [94].) As such, if voluntary care agreements are more conducive to reunification than involuntary removals, this is an important reason for using them in suitable cases.

2.1 Lack of independent oversight

Article 25 of the CRC requires that children in state care receive periodic review of their placement. Some District Court judges engage in the practice of court-based review (Coulter, 2014; O'Mahony *et al.,* 2016). Where this occurs, it was highlighted by some study participants as an advantage of care orders over voluntary care agreements. There was a broad consensus among solicitors and children's advocates in our study that internal Tusla child-in-care reviews are insufficient in voluntary care cases due to lack of independent oversight. A lack of independent oversight was linked in the data to a perception that there is inferior resource provision for children in voluntary care, and there were also concerns around 'drift' in placements which continue for lengthy periods. Thus, the review system for voluntary care agreements in Ireland raises concerns regarding the quality of compliance with the right to periodic review under Article 25 of the CRC, as well as a potential issue of differential treatment as between children in voluntary care and children subject to care orders, contrary to the principle of non-discrimination under Article 2 of the CRC.

2.2 Unlimited duration

As already stated, the concerns expressed by study participants around the effectiveness of reviews of voluntary care agreements were driven to a large extent by the potentially unlimited duration of the placements. There was a lot of support for time limits, with many participants reporting experiences of very long voluntary care placements (several years), with a risk of 'drift', lack of oversight, and instability for the child since the parent can revoke consent at any time. The majority of participants favoured a time limit, with solicitors and children's advocates being particularly supportive; but different views were expressed about how long the maximum duration should be. A sizeable minority of participants disagreed with the concept of a maximum duration on the basis that twelve months is not long enough, or that transitioning to a care order might be damaging in cases that are working well. Social workers were more likely to express this view. Notably, Ireland is an outlier internationally in allowing for potentially open-ended voluntary care agreements. Given the impact this has in exacerbating concerns around the effectiveness of reviews, there is a strong case for adopting time limits, with the potential for renewal of the agreement if an effective review takes place first.

2.3 Potential instability of placements

Another concern is the risk to child welfare arises as parents in Ireland can cancel voluntary care agreements at any time and demand the immediate return of their child. International human rights law clearly requires states to take measures to ensure that children are not allowed to remain or to be returned to the care of their parents in circumstances where their parents are not capable of adequately caring for them. Voluntary care agreements pose a risk in this regard, and social workers and children's advocates were particularly concerned about the potentially negative impact on the child of this situation. A 72-hour notice period was proposed by the authors as a potential safeguard for revocation of parental consent; however, participants had mixed views on such a wait period. The majority supported it as a buffer to protect the child; however, others saw it as undermining the voluntary nature of the agreement. There was evidence that in one county, voluntary care agreements had been drafted to include a requirement of a notice period, but a District Court judge had stated that this had no legal effect and the parents could demand the return of the child at any time. However, the position would potentially be quite different if the notice period were to have a statutory basis.

2.4 Weak mechanisms for ascertaining the views of child

Our study participants confirmed that in practice, children in voluntary care do not have their views and wishes ascertained as comprehensively as children in care pursuant to court orders. The majority of solicitors ascribed this tendency to the absence of a guardian *ad litem*. Social workers described how they employ a range of methods to obtain the views and wishes of children; however, many agreed that the absence of a guardian *ad litem* is a disadvantage for the child in voluntary care in terms of representation for the child.

In a number of comparable jurisdictions, including England and Wales, New Zealand, South Australia, Western Australia, Ontario and Finland, the law stipulates that children may or must consent to voluntary care agreements once they reach a certain age (ranging from age 12 to 16). This possibility was put to our study participants: 12 out of 21 solicitors, and the majority of social workers, did not favour putting such a weighty responsibility on the child, noting that the child may not be well placed to make such a decision, due to their age, level of understanding or the trauma they have suffered. They were also concerned that the child may have conflicted emotions or loyalties in relation to the parent. Some participants expressed the fear that a requirement for child consent would push a lot of voluntary care cases into the courts. However, the vast majority of participants still favoured giving the child the opportunity to express their views.

Inferior resource allocation

The broad consensus from participants in our study was that children on care orders get access to better resources than children in voluntary care, with 71% of social workers who participated in our national survey either agreeing or strongly agreeing that this is the case. The reasons most highlighted were the lack of independent oversight by the courts and the lack of a guardian *ad litem* to make recommendations for access to services and to make section 47 applications.

Participants, particularly children's advocates in EPIC, stressed that this tendency continues even after the child leaves care in terms of aftercare services. Thus, it seems quite clear that voluntary care agreements raise significant concerns *vis-à-vis* discriminatory treatment contrary to Article 2 CRC.

3. Findings in relation to parental rights and informed consent in voluntary care

The tenets of informed consent are well documented in the literature (Spike, 2017). These are broadly categorized as 1) decision-making capacity, 2) voluntariness and 3) full information.

3.1 Decision-making capacity

It has been well documented that parents whose children are placed in care may face significant barriers to understanding due to low levels of educational attainment, mental health issues, substance dependency, cognitive impairments or perhaps a combination of such factors (O'Mahony *et al.* 2016). In our national survey of social workers, 51% either strongly agreed or agreed that they were unsure whether parents with mental health issues, addiction issues or intellectual disabilities were giving informed consent to voluntary care agreements and they preferred to apply for care orders; but 17% were neutral and 30% disagreed or strongly disagreed. 52% agreed or strongly agreed that they believed that parents with mental health issues, addiction issues or intellectual disabilities can consent to a voluntary care agreement. This suggests that around half of social workers were willing to proceed with voluntary care agreements despite concerns around decision making capacity. Solicitors representing both the Legal Aid Board and Tusla expressed concern around this issue. However, there was also evidence of good practice where some social workers stated that they would not proceed with a voluntary care agreement if they had concerns about whether the parent was in a position to understand what they were agreeing to. The stress and trauma experienced by parents signing a voluntary care agreement and its impact on decision-making capacity was also acknowledged by participants.

3.2 Voluntariness

Parents may come to believe through their interactions with the child protection and welfare service or information from other sources (e.g. family) that they do not have a genuine choice of refusing to sign the agreement, since they perceive that refusal to sign will inevitably result in a court order being granted instead. It is important to stress that our point is not that social workers actively and consciously pressure parents into signing voluntary care agreements. It is that social workers, acting in good faith, present a contrast between 'undesirable' court proceedings and voluntary care as a means of avoiding them. What may not be clear to the parent is that they will have an opportunity to present their case in court, and the order sought by Tusla may not be granted. Parents may also be motivated to avoid any contact with the courts through a sense of stigmatisation and an association of courts with criminality. In our national survey, 63% of social workers agreed or strongly agreed that parents sign voluntary agreements to avoid going to court.

Concerns that a lack of voluntariness is a feature of at least some voluntary care agreements in Ireland was particularly prominent among Legal Aid Board solicitors. Some social workers rejected any suggestion that parents are pressured into signing agreements; however, the majority of social workers in our focus groups acknowledged that some parents who sign voluntary care agreements may feel like they have little choice. Tusla has produced a practice guidance document on informed consent to voluntary care, but our survey of social workers indicated that only 63% of respondents had read this document and only 7% had received training on it. However, even if all social workers were fully trained on informed consent, it is unrealistic to expect social workers to be able to advocate for both the rights of both the child and the parent in cases where those rights are in tension. The obvious alternative is for parents to be provided with independent advice.

3.3 Full information

While voluntary care agreements are less complicated and adversarial than court proceedings, there is an important role for independent legal advice in voluntary care. Parents can only give fully informed consent when they are aware of and understand all of their options and the potential consequences of consenting to a voluntary care agreement. Numerous participants in our study expressed the view that legal advice is important for parents in the voluntary care context.

Independent advice from solicitors would be able to place statements made by social workers in context and explain to parents the nature of the court process and the prospects of contesting the application.

However, our national survey asked social workers whether they advise parents to seek legal advice before signing a voluntary care agreement, and also whether the parents actually obtain such advice. While a large majority of social workers (68%) said that parents are encouraged to seek legal advice, an even larger large majority (78%) said that parents do not actually secure such advice. Legal Aid Boards stressed that they would not turn away requests for advice from parents considering a voluntary care agreement. However, given that there is already evidence that the Legal Aid Board is struggling to resource its caseload in relation to child care court proceedings (O'Mahony *et al.,* 2016) it seems inevitable that if all parents entering into voluntary care agreements were to apply for legal aid, the service would be overwhelmed and unable to respond within the necessary timeframes.

An alternative to legal advice is the use of parental advocates, who are specially trained to assist parents to understand and participate in decision-making processes. In Ireland, the National Advocacy Service provides a free and independent advocacy service to adults with disabilities, and this work would include situations where parents with disabilities come into contact with the child protection system (National Advocacy Service, 2018). This provides a model for how this service could be scaled up to provide advocacy for parents who are faced with voluntary care agreements. Several participants in our study identified parental advocates as a desirable safeguard. In practice in Ireland, there are few such advocates available and there is a clear need to scale up the level of service provided, building on the established model of the National Advocacy Service.

3.4. Private family arrangements

The *Voluntary Care in Ireland Study* examined unexpected exploratory data collected on 'private family arrangements' (informal kinship care) as part of the wider study. These are arrangements where children are cared for full-time by kinship carers (family/relative) who are not parents or guardians. No care order or formal voluntary care agreement is in place. The carers are not recognised or assessed as foster carers by Tusla, but Tusla social workers play a facilitative role in setting up the arrangement.

Our initial data on this theme is exploratory in nature and further dedicated research is required. Some social work teams see 'private family arrangements' as largely positive; some are adamantly opposed to its usage; and others may not want to use these arrangements, but may have no choice due to an insufficient supply of formal, approved foster care placements.

There was a good level of support amongst front-line practitioners for 'private family arrangements', but this was also accompanied by clear unease related to the minimal level of resourcing and oversight associated with such placements when compared with formal foster care placements. Relatives providing care under 'private family relationships' are charged with the care of children who may have significant needs, but are not provided with either the legal responsibility nor the financial and other supports they need to properly perform this task.

Even on the limited evidence available to date, it is possible to conclude that the existing *ad hoc* approach to 'private family arrangements' raises considerable concerns. We recommend a dedicated study of private family arrangements which includes the lived experiences of children, young-people, carers, and parents involved to examine their use and associated concerns further.

4. Summary of recommendations

4.1 Practice recommendations for social work

1. Tusla's *Practice Guidance on Voluntary Consent for Admission to Care* should be revised to include international best practice on obtaining free and informed consent.
2. Training on the revised practice guidance should be mandatory for all social workers involved in concluding voluntary care agreements.
3. Provision should be made to ensure that advocates are available to both children and parents involved with voluntary care agreements.
4. Provision should be made to ensure that the Legal Aid Board is in a position to offer legal advice to parents involved in voluntary care agreements of more than 6 months' duration.

4.2 Policy recommendations (Child Care Act 1991 review)

1. Voluntary care agreements should have a maximum duration of three months (renewable once) in the absence of legal advice for parents, or twelve months (renewable more than once) where parents have received legal advice.
2. A formal review should occur two-four weeks prior to the expiry of a voluntary care agreement.
3. Reviews should be chaired by an

independent person with experience of child care (for example, an independent/retired social worker) who would be empowered to make a binding recommendation that the agreement be renewed or that it should transition to a care order or that the child should return home.

4. Children in voluntary care should have access to an advocate who would participate in reviews. Children who are too young to work with an advocate should have access to a guardian *ad litem*.
5. Cancellation of voluntary care agreements by parents should be subject to a statutory 72-hour notice period, which Tusla may waive if it is in the best interests of the child to do so.
6. The Child Care Act 1991 should stipulate that parental consent to voluntary care agreements must be supplemented by the assent of the child where the child is 12 years or older.

4.3 Future research directions

Comprehensive comparative research would offer valuable insight into how the law can make provision to address some of the challenges that have been documented in the Irish context. There is significant potential for Irish law, policy, and practice to be informed by more detailed legal frameworks for voluntary care agreements in operation in other jurisdictions.

This research uncovered interesting, unexpected data on ‘private family arrangements’ which warrants a dedicated study of how these arrangements operate in Ireland to include the lived experiences of children, young-people, carers and parents involved to examine their use and associated concerns further.

5. Conclusion

In summary, the *Voluntary Care in Ireland Study* found that voluntary care has an important role to play in the Irish child protection system. However, it is regulated relatively loosely compared to other jurisdictions and Ireland’s model may not be compliant with international laws governing parental and children’s rights.

Firstly, it is important to recognise that voluntary care agreements have several advantages over court proceedings. They can be less adversarial compared to court proceedings, facilitating a more collaborative relationship between parents and social workers, which in turn benefits children. Parents retain more decision-making power, which allows them to remain more involved in their children’s lives and increases the chances of family reunification. For these reasons, it is important that voluntary care agreements remain part of the child protection system in Ireland.

However, our research has also identified a number of significant weaknesses in the manner in which voluntary care agreements are currently regulated in Ireland. We identified concerns around the fact that voluntary care agreements can be cancelled without notice at any time by parents. This can lead to an instability and potential risk of harm to children. In practice, Tusla can apply to the court for a care order if it feels it is not safe for the child to go home; but this may take some time. Additionally, scarce resources are more likely to be allocated to cases where Tusla has to account to a judge for the child’s care plan. Children in voluntary care can have less opportunity to express their views on decisions affecting them as there is no provision for a guardian *ad litem* to make representations on the child’s views. Parents entering into voluntary care agreements may be challenged by cognitive impairments or substance dependency, which can raise concerns relating to informed consent. Our research found that parents almost never receive independent legal advice before signing voluntary care agreements (unlike parents in childcare court proceedings, who almost always have legal representation). Social workers often explain to parents that they can sign a voluntary care agreement, or Tusla will have to make an application to court instead. There is likely no intention to pressure parents into signing, but the power imbalance between social workers and parents can create this effect.

In conclusion, voluntary care agreements have important advantages, and these should be retained. However, the risks associated with loose regulation should be addressed as part of the review of the Child Care Act 1991 and though policy and practice reforms.

6. Acknowledgements

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MAKING RETROSPECTIVE DISCLOSURES OF CHILDHOOD SEXUAL ABUSE TO CHILD PROTECTION SERVICES: WHAT HELPS OR HINDERS? - CONTEMPORARY ISSUES AND CHALLENGES

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Declaration

I agree not to publish the complete article in any other Journal.

Abstract

Child protection social work practice has experienced significant change and development in recent years. The establishment of a standalone child protection and welfare authority, Tusla, in 2014, the introduction of mandatory reporting in 2017, the formal adoption of the European General Data Protection Regulation in 2018 and many changes in policy and practice regarding how social workers assess allegations of abuse and neglect, to name but a few. Alongside this timeline we can also chart significant challenges regarding the assessment and management of disclosures by adults of sexual abuse they experienced in childhood. This paper briefly charts some of these key challenges and describes the design of an online survey study* that seeks to establish whether these developments help or hinder those coming forward.

Note

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Keywords

Child protection; child sexual abuse; disclosure; data protection; mandatory reporting.

Introduction

Sexual abuse in childhood is simultaneously both a serious crime and a serious child protection matter. The Irish police service, An Garda Síochána, have powers of arrest, detention and investigation in respect of suspected child sexual abuse. Separately but complimentarily, the Irish child protection authority, The Child and Family Agency (hereinafter TUSLA), has a duty to ensure the protection and welfare of children under both the Child Care Act 1991 and subsequently the Child and Family Agency

Act 2013. While responsible for promoting the welfare of children within its remit, TUSLA's duty also extends to adults who have experienced abuse in childhood (Department of Health and Children, 1999). Disclosure of childhood sexual abuse tends to be delayed (Alaggia, 2004, 2005; London et al., 2008) and is beset with many barriers including shame, stigma, family dynamics, fear and issues regarding belief, trust and loyalty (Browne and Finkelhor, 1986; Beitchman et al., 1991;1992; Barrett et al., 2014)). Of those who do disclose, international research tells us that rates of disclosure of childhood sexual abuse to State authorities tends to be lower still (Collin-Vézina et al., 2015).

Recent years have seen several developments within child protection social work in the areas of law, policy and practice. The introduction of mandatory reporting under the Children First Act 2015 (commenced in 2017), the adoption of the European General Data Protection Regulation under the Data Protection Act 2018, and policy and practice developments regarding the assessment and management of allegations of child sexual abuse, to name but a few, have all had direct and more nuanced effects on the role of child protection social work and the experiences of those who interact with that system. Previous work by the author (Mooney 2014; 2018; 2020), various inquires by the Health Information and Quality Authority (e.g. HIQA, 2015; 2016), media coverage of the Disclosures Tribunal (Charleton, 2019) and the subsequent work of the Department of Children and Youth Affairs' Expert Assurance Group (particularly that of Dr Conor O'Mahony) have all highlighted concerns with respect to Tusla's management and assessment of retrospective disclosures of childhood abuse.

In this context, this paper provides an overview of a study that seeks to examine the impact, if any, of these recent changes in law, policy and practice on adults' ability, opportunity or decisions to disclose to child protection services. The study uses an anonymous online survey which began collecting data in the beginning of June 2020 and will close data collection at the end of December 2020. This paper therefore seeks to set the context and briefly describe the study design and does not address the study findings. The paper briefly describes what retrospective disclosures are and where they currently 'fit' in our child protection system. The paper then focuses on some of the specific issues impacting this area, by signposting to the relevant literature and reports, and ultimately sets out how the current research has been designed to examine if these issues and the current legal, policy and practice environment surrounding retrospective disclosures is a help or a hindrance to those adults who come forward to disclose childhood sexual abuse.

Retrospective Disclosures: Where they sit and current Figure

Originally recognised in Irish child protection policy in 1999, retrospective disclosures have been defined as "disclosures by adults of abuse which took place during their childhood" (Department of Health and Children, 1999: 39). These are referrals are passed to TUSLA in the context that the person who perpetrated the abuse may still pose a risk to current or future children, i.e. there is a current or future child protection concern. A majority of these referrals are not made directly by the adult themselves but by a professional who is mandated to report such information.

The positioning of retrospective disclosures within the child protection system has never been a comfortable fit. A service that predominantly works with children and families, in various levels of need, is also required to shift gears, so to speak, and engage in quasi-legal, in some cases forensic, levels of assessment and intervention.

Original research by the author in this area, conducted with social work staff in 2012, showed that social workers themselves found the management of such referrals to be an ill-fit with social work practice and felt there was a lack of clear guidance and support around how to assess and manage such referrals. Social Worker C in that study stated that "..like we're the ones delivering it at the end of the day but if the legislation and policies are not there to support… well that's a big stumbling block" (Mooney, 2014: 11). While lack of a clear and robust legal underpinning is a central stumbling block in this area, lack of social work resources, in terms of frontline staff, expertise in the area of assessment of sexual abuse, and legal resources have also challenged Tusla in this respect. Again, from the 2012 study, the then Assistant National Director of Child and Family Services highlighted these issues and suggested that "if you have your full resources you will do every single allegation. If you have 80% of staff, if you have 70% of staff, at what point do you prioritise which allegation is going to be investigated. That is going to be a critical point, that's where it's at" (Mooney, 2014: 11). Fast forward almost a decade and this area of practice continues to challenge Tusla more than any other issue. Launching their corporate plan in 2018, a tweet by Tusla quoted their then CEO, Fred McBride, who stated that retrospective abuse is one of the most challenging areas of their work (Tusla, 2018 tweet.).

In recent years, Tusla's reporting of their statistics, in respect of referrals to their services, has developed significantly and, more recently still, the agency has begun to produce figures in respect of retrospective referrals (figures available from January 2017 via www.tusla.ie). As of May 2020, there were 1,444 retrospective cases open to Tusla services, with an average of 235 referrals made per month over the previous 12-month period (Jun 19 – May 20) (Tusla, 2020a). Of these, an average of 172 per month, or 73%, were referred via a mandatory report. That said, these most recent statistics also report that of those 1,444 open cases only 895 are allocated to a social worker, leaving 549 cases without a social worker. While retrospective cases only accounted for 3% of referrals in May 2020, they account for 6.5% of all open cases and a significant 15% of unallocated, or wait-listed, cases held by Tusla (Tusla, 2020a).

Current issues and challenges: The context of the stud

Absence of a legal underpinning

It is important to note at the outset that the assessment of disclosures of child sexual abuse, whether current or retrospective, is one of the most intricate and challenging areas of child protection social work practice. There is often limited or no physical or medical evidence of the abuse, at time of assessment. By its very nature, the abuse tends to occur within the child's closer social circle or family environment and therefore societal stigma and complex family dynamics, loyalties, silencing, shame, and guilt often serve to silence those who are impacted and those who may be complicit in or aware of the abuse.

The central issues here are Tusla's receipt and management of allegations of child sexual abuse which cast in to play significant competing legal rights between both complainant and the person suspected of alleged abuse (PSAA). It therefore is often a case of social workers assessing one person's word against another, in the context of complex and often competing legal rights and, in the case of retrospective disclosures, often at a remove of many years or even decades. All of this occurs in an environment that is increasingly becoming more forensic and legalistic; realms in which social workers have not traditionally had to operate and in which social work education and training has not traditionally had to accommodate.

In recent years, HIQA, and others have also pointed to delay, mismanagement and poor commutation in the management of these referrals (HIQA, 2015, 2016; Office of the Ombudsman, 2017) (see Mooney, 2018 for more on this). The determination of findings, sharing of information and taking of protective actions on foot of such allegations leads social work practitioners into a complex legal environment with no specific statutory support or, it could be argued, no legal right to conduct such assessments. Many of the concerns relate to wider policy and systemic issues and ultimately the Child and Family Agency, and more particularly its front-line social work staff, require greater Governmental and Departmental support around this highly complex, legalistic and sensitive area of practice. It is now well recognised by most stakeholders that the current Section 3 of the Child Care Act 1991 is insufficient in respect of Tusla's duty to investigate allegations of abuse (Mooney, 2018; Shannon, 2018; O'Mahony, 2019).

A range of case law has arisen, in the main, from judicial review of child protection assessment and case management decisions in these cases. While too numerous and detailed to discuss here, Mooney (2018) and O'Mahony (2019) have examined these issues and are worth considering for wider context. The salient points from the various reviews are that the courts have recognised the Health Boards, HSE's and currently Tusla's duty to investigate allegations "prior to risk crystalising", to investigate allegations "proactively" in respect of both identified and unidentified children and also to investigate those allegations that relate to both past and current abuse. The corollary is that social workers must also be cognisant of the alleged perpetrator's rights to a good name, privacy, and due process (See Mooney, 2018 and O'Mahony, 2019 for full analysis).

Mandatory Reporting and GDPR

The most recent statistics from TUSLA (May 2020) show that a majority of retrospective referrals come to TUSLA's attention via mandated reports. As mandated professionals' counsellors and psychotherapists who receive disclosures of child sexual abuse, in the context of providing support, are obliged to pass this information on to Tusla. We see that of those retrospective disclosures mandatorily reported, the largest percentage emanate from counselling and psychotherapy professionals or services, with 21% coming from this source to date in 2020; the next highest being referrals from An Garda Síochána at 19% (Tusla, 2020a).

There are arguments for and against mandatory reporting (e.g. Matthews and Bross, 2015; Buckley, 2012), however many therapeutic services and adults themselves see the reporting of such experiences as an important part of healing and many see the protection of further children as one of their main reasons for disclosing in the first instance (Mooney, forthcoming).

Whatever about the benefits or deficits of mandatory reporting, a somewhat unforeseen consequences of its introduction in Ireland has been its interaction with data protection law, specifically Ireland's incorporation of the European General Data Protection Regulation (GDPR) under the Data Protection Act 2018.

Data protection seeks to protect an individual's personal data and information relating to them.

The individual is referred to as a 'data subject' and in the main each data subject has a right to access his or her own personal data, with certain exceptions. As one can imagine, a disclosure of child sexual abuse may contain any amount of personal and sensitive data, including but not limited to names and addresses of an abuser or victim, their family details and details of individual instances of criminality, in this case child sexual abuse. Tusla becomes what is known as a 'data controller' once they receive such referrals and there is an impetus upon Tusla therefore, in receiving such information, to be highly cognisant of the rights of a person suspected of alleged abuse and their rights to due process and data protection.

However, it is argued that there is also an equal duty to be cognisant of the rights and needs of any individual who is the source of an allegation or disclosure. In fact, the Data Protection Act 2018, at Section 94(3)(f), goes so far as to exempt data controllers (Tusla) from the general duty to sharing information they hold with a data subject (in this case an alleged abuser) where they withhold the information as a means of "protecting the life, safety or well-being of any person".

In its annual report for 2019, Ireland's Data Protection Commission reported on a number of inquiries that it conducted in to Tusla's management of sensitive information. One of these inquiries related directly to an instance where Tusla shared sensitive information with the person against whom an allegation of abuse had been made (Data Protection Commission, 2020). While we cannot assume that this type of data breach is the norm, it is the case that Tusla's 2014 'Policy for Responding to Allegations of Child Abuse and Neglect' (Tusla, 2014), does encourage social workers to share information with an alleged abuser at the earliest point in the assessment (Tusla, 2014); potentially leading to fear and apprehension of reprisal on the side of victims and their families.

Policy for assessing allegation of child sexual abuse

The issues discussed above have been somewhat compounded in recent months by media coverage of Tusla's proposed new *Child Abuse Substantiation Policy (CASP)*, set to replace the current 2014 policy. Tusla's 2014 policy came under scrutiny during the Disclosure Tribunal's investigation of allegations made against former Garda Sergeant Maurice McCabe (see Charleton, 2019; Clifford, 2019; or Mooney, 2017 for more on this). This in turn led the Minister for Children and Youth Affairs to commission HIQA to investigate Tusla's management of allegations of abuse (HIQA, 2018). Of the recommendation made by Tusla was a central recommendation that the DCYA should establish an expert assurance group to monitor Tusla's adherence to the findings of their report. The EAG presented its final report to the Minister in January 2020 (DCYA, 2019) which included commentary on Tusla's revision of the 2014 policy and development of CASP.

On February 4th, the Irish Times, having reviewed a version of Tusla's CASP policy reported that "people under investigation for child abuse, including sexual abuse, will be permitted to personally interview their alleged victims in certain circumstances" and that social workers are encouraged to "stress test" victim's disclosures of abuse "including by asking if there may be an "alternative explanation" or "misinterpretation on their part" in relation to the allegations" (Gallagher and Power, 2020). The language used in the proposed new CASP policy potentially serves to distress or further harm many individuals wishing to come forward. The concept of 'stress testing' may raise significant issues in respect of dynamics relating belief, trust and silencing for someone impacted by abuse. The potential for their experiences to be classed as "Founded" or "Unfounded" may further such stigmatisation. As above, while this may serve to harm those engaged with child protection services, there is also a concern that such language and processes may serve to further silence those yet to come forward.

During the design stage of this study there was considerable anecdotal evidence that there is a real concern that individual victims and survivors are apprehensive about coming forward for supports due to the understanding that if they name their abuser this information will be referred to Tusla who, in turn, will pass it to their abuser. Maeve Lewis, CEO of survivor support organisation One in Four, was recently quoted in the Irish Times as stating "If we pass on our client's name and the name of the alleged offender, Tusla informs the alleged offender. Obviously, we are very, very worried about that. It places our clients in physical danger and in danger of harassment" (Gallagher, 2020). It is acknowledged that the instances of such circumstances arising will be rare, however it is the potential for such instances, by inclusion in policy, which may silence or deter individuals from coming forward in the first place.

Since this point, Tusla has announced that the CASP policy is being put on hold until Spring 2021 due to "a number of factors affecting the implementation plan, including the effect of the Covid-19 pandemic" (Baker, 2020). This means that the existing 2014 policy remains in place along with all the original concerns relating to it, as highlighted by the report of the EAG (DCYA, 2019) (See also Mooney, 2018).

Study Design and Rationale

This study explores adults' experiences of disclosing childhood sexual abuse in the context of recent developments regarding mandatory reporting and data protection and recent developments within child protection practice and policy in Ireland. The aim of the study is to explore if these changes in law and policy are impacting people's experiences of disclosure or their ability or decisions to disclose, come forward for supports or engage with child protection services. The study was co-designed with a consultation group of members drawn from *One in Four*, the *Dublin Rape Crisis Centre*, and the *Rape Crisis Network Ireland*. These services are leaders in Ireland in the provision of therapeutic and advocacy supports to those impacted by sexual abuse and violence. They also individually contribute significantly to the policy debate and landscape in this area. The study is funded by a *UCD Seed Funding Grant* and an *Irish Research Council New Foundations Grant*.

The research involves an anonymous online survey using a fully licensed version of the Survey Monkey software. The survey questions and the overarching research design, including sampling, participant access, data collection and ethical and practical safeguards, were co-designed by the author and the consultation group drawn. The group met, physically and virtually, on three occasions. Participants are accessed via support services and individual professional therapists; counsellors and advocacy workers circulate a weblink to the survey to relevant clients. Instead of directing participants to support services, this is to ensure that they are currently linked with a recognised service. While increasing safety and support, this approach does limit the ability to publicly recruit and may, unintentionally, add to the silencing of some victims and survivors not already linked with services or who have not yet come forward. The study is currently recruiting participants via the consultation group organisations along with Galway Rape Crisis Centre, Sligo Rape Crisis Centre, and individual members of IAHIP and IACP. The study received ethical approval from the Research Ethics Committee at University College Dublin and is currently live and collecting data.

The survey instrument aims to explore what helps and hinders disclosure to child protection services in Ireland in the current legal and policy environment. While not explicitly mentioned in the survey instrument, many of the questions are influenced by the content and ethos of the EU Victim's Directive. This Directive became law in 2012 with an aim to ensure that "Member States shall ensure that victims are recognised and treated in a respectful, sensitive, tailored, professional and non-discriminatory manner, in all contacts with victim support or restorative justice services or a competent authority, operating within the context of criminal proceedings" (Article 1.1). It has been argued that current policy in this area is heavily weighted in favour of the accused's rights to the detriment of those wishing to come forward to disclose (see Mooney, 2020 for more on this). In lieu of the directive being incorporated directly into child protection practice as argued previously by the author (Mooney, 2020), the survey seeks to explore to what extent individuals currently receive information and supports that are provided for in the EU Directive; in other words are we already adopting an EU Victim's Directive-type approach? Following the collection of some brief, anonymous demographic information, the survey is divided in to four main sections covering general experiences of disclosure, disclosure specifically to professionals with a focus on child protection services, the participants' understanding of how their personal information was used by services, and finally, a personal reflection section.

Apart from interactions with professionals the survey also seeks to provide data that may be compared and contrasted with existing international literature on issues such as latency to disclosure (time between first abuse and first disclosure), recipients of disclosures (who did a person first disclose to) and disclosure across the life course (who else a person may have disclosed to over their lifetime). Participants are then asked specifically about experiences of disclosure by professionals and if they were ever contacted by Tusla.

A skip-logic process operates at this point in the survey, whereby only those who have received contact with Tusla are directed towards the set of questions dealing with this aspect. Other participants are 'skipped' on to a later section dealing with aspects of information sharing. For those who engaged with Tusla they are asked questions about the type of information and communication they received, whether they felt they understood the process of assessment, if they received an outcome of their assessment, and the degree to which a number of factors influenced their engagement with Tusla; including mandatory reporting, concern for other children, personal choice, involvement in an on-going legal process.

In terms of GDPR and information sharing, participants are asked if they were told that their information may be shared with third parties, who those third parties might be, and how they felt (on a scale) about this aspect.

Finally, the reflection section was specifically designed so that the questions would encompass further elements provided for in the EU Victim's Directive. In this section participants are asked to reflect on to what degree they found the process of disclosure to child protection services as Respectful, Sensitive, Professional, Non-Discriminatory, and Appropriate to their specific needs (if any). The study will conclude data collection in December 2020, and it is expected that results will be available online and via a report launch in Spring 2021.

Conclusion and future research needs

The current legal, policy and social work practice contexts surrounding retrospective disclosures of childhood abuse are complex and challenging in equal measure. It is hoped that the findings of this research will assist those offering supports, social work services, and those impacted by abuse. This is a small piece of research however, focusing on some very specific issues of concern. Future research needs to further examine the experiences of social work practitioners in this area of practice. Tusla are currently building multidisciplinary teams in each of its four regions in an effort to ensure that retrospective cases of abuse are consistently managed and to build expertise (Tusla, 2020b). But do social workers feel competent, confident, and supported in negotiating complex quasi-legal and forensic assessments while juggling aspects of GDPR, mandatory reporting and significant and fast -paced developments in child protection practice in general?

How are those professionals who are mandated to report, such as therapist, counsellors, and advocacy workers, experiencing these issues? As discussed above, whatever the benefits of mandatory reporting, the recognised therapeutic benefits of 'talking' and 'opening up' are somewhat under fire if information must be mandatorily passed on to a child protection system that may, under an unforeseen interpretation of GDPR, pass that information on, potentially to an alleged abuser.

The absence of a clear legal underpinning and structure is evident and it would appear that the current review of the Child Care Act 1991 is an opportunity to provide statutory support to front line practitioners engaged in such work. Legislative powers in relation to investigation of allegations and subsequent sharing of information should be developed. It is argued that these should be developed in the context of the provisions of the EU Victim's Directive to ensure that any process or protocol is 'victim-proofed' and balanced. Ultimately, what is clear ahead of the results of this research is that there are multiple issues which now serve to further silence and potentially harm those who have already experienced trauma.

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MAKING SENSE OF COMPLEXITY IN SOCIAL WORK: TRIANGULATING FOUR ESSENTIAL CONCEPTUAL SKILLS

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About the author

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Abstract

Social workers deal with diverse, complex issues when they assess needs, risks, strengths, and people's capacity to change. Comprehending these issues requires expert knowledge, proficient behavioural skills and committed values. This article argues that a set of four conceptual skills are also required to appraise complexity in social work: reflection, reflexivity, mentalization and critical thinking. It describes these skills and then argues that they can be utilised to make sense of critical incidents: events in daily practice that have a significant meaning for service users and social workers. A brief, fictitious case study is described showing the application of these skills to a critical incident involving a child at risk of harm.

By combining and applying these skills diligently in the novel way described, it is contended that social workers gain a sharper insight into self, others, and the impact of the social world on behaviour. With this insight in place, it is argued that the quality of social work assessment and intervention can be enhanced.

Keywords

Reflection; reflexivity; mentalization; critical thinking; social work.

Introduction

To say social work is a challenging career, is to make a self-evident statement. In fact, it may be more accurate to argue that it is an understatement. Social workers engage with individuals, families, social groups, communities, organizations, and wider social structures. The sheer scale of their remit is daunting. More than this, they are required to draw on several disciplines within the social sciences to understand human behaviour in all its complexity.

Hence, social workers are expected to have knowledge of pertinent ideas drawn from psychology, sociology, social history, social anthropology, and social policy and apply them to real-life, multifaceted problems and needs. Social workers use these ideas to understand the person-in-society, a composite interconnection necessitating the fusion of micro and macro perspectives (Coulshed & Orme, 2012). When people experience crisis, loss, change, trauma, unmet need, discrimination, social workers draw on processes of assessment, planning, goal setting, intervention, and evaluation to help them to cope. These processes focus, not only on the 'personal', but also the 'political' domains (Lewis, 2018). That is to say, social workers act in a two-fold way as therapeutic agents, on the one hand, and social activists challenging social injustice, on the other. Tellingly, when confronted by need, risk or oppression, practitioners are required to identify the underlying causes generating these problems (Milner & O'Byrne, 2009). In doing so, they can then reach a credible plan of action. In all of this, social workers are meant to balance bureaucratic imperatives, discretion, and professional obligations (Evans, 2010).

Fulfilling the sheer range of tasks, roles and duties confronting the social worker necessitates organizational support, continuous professional development, supervision, and recurring professional recognition (Healey & Meagher, 2004; Kadushin & Meagher, 2014). Importantly, I contend that it *also* requires the development of four essential, conceptual (or thinking-based) skills, namely: (i) reflection (ii) reflexivity (iii) mentalization and (iv) critical thinking. When applied concurrently, and adopted in professional supervision and social work education, these higher-order cerebral skills empower social workers greatly to understand various facets of human experience including loss, change, trauma, and crisis (Gambrill, 2012). By applying them in an accomplished manner, we avoid the danger of mindless, unthinking, artless, bureaucratic practice: practice that 'fails to join up the dots', that misses important causes, or ignores the myopia of self-bias. For example, when dealing with serious risk to children in child and family social work, some commentators (Rustin, 2005; Ferguson, 2005) have highlighted the danger of mindless, unexamined practice: practice that ignores concerning signs and symptoms of abuse to children, maybe because social workers have difficulty coping with the 'fear factor' that arises from dealing with high risk cases.

In this article, I examine the nature of these four core conceptual skills and then argue that they should be applied systematically through using a 'critical incident' technique: one that provides a structure for reflective inquiry (Fook & Gardner, 2007). This technique is one that can be adopted in supervision, peer-support groups, mentoring, and in social work education, either in college-based learning or in practice education settings.

A critical incident, as will be explained more fully later, focuses our attention on an event of significance: one occurring in practice at a specific time and place, typically involving a service user and significant others. It will have meaningful connotations for those involved because it can highlight a gap in knowledge, or poor execution of skills. The incident, therefore, causes a mental stir or some discomfort, or sense that a situation might have been handled differently (Lister & Crisp, 2007). It demands that we enter a reflective space, one where these four inner skills are galvanized and supported by like-minded inquirers. Let us now turn to the first of the conceptual skills: reflection.

Reflection

Much has been written about reflection in the helping professions. Some perspectives on the topic have been philosophical, critical, and discursive, *reflecting* on the meaning of reflection (see Eraut, 1995; Mezirow, 1990). Others have been more concrete conceiving of reflection as a tool to develop professional practice (see Gibbs, 1988; Knott & Scragg, 2010). In this article, I adopt the latter stance. In line with it, reflection can be considered as a way of looking back on what previously took place, to mull over the sequence of events, so that we can gain insight into our thoughts, feelings and actions. Schön (1983) referred to this as reflection-on-action. Reflection can also be contemporaneous; that is, thinking on one's feet or improvising in the moment.

Schön denoted this activity as reflection-in-action. Yet, we might add a third possibility (not countenanced by Schön) of reflection-*for*-action, when we look back to look forward (Ong, 2011).

On the basis of this combined, three-pronged, inner inquiry we gain new learning about ourselves – learning that can then lead to action that enhances the well-being of service users. Given these possibilities, social workers should embrace reflection earnestly.

According to Brookfield (1998) reflection gives rise to a number of actions, explicitly: (i) analysing our assumptions (ii) challenging beliefs, values and knowledge (iii) examining how social context shapes people's actions (our own and those of the service user) and (iv) engaging in some imaginative speculation: how and why these events occurred and how things might have turned out differently. These central actions have been incorporated (more or less) into various step-by-step models. By structuring our inquiry, a model ensures that we scrutinize an event comprehensively, in an ordered manner. This is important given that social work often takes place in what Schön (1983) called the 'swampy lowlands' where social reality can be messy and mystifying.

The 'Weather Model' (Maclean, 2016) is one imaginative example of a structured reflective process. It steers the practitioner to analyse an occurrence by addressing the following questions: (i) sunshine – what went well? (ii) rain – what did not go well? (iii) lightening – what came as a shock or surprise? (iv) fog – what was unclear? These are helpful heuristic metaphors that can be applied *whatever the weather*. That said, they do not result in a prescription for what should change. Reflection in social work must lead to action. Knowing this, we could add a fifth seasonal variant: what I term the *wind* of (what must) change.

A much popularized, alternative model, one that appeals greatly to social work students (based on the author's experience), has been enunciated by Gibbs (1988). He suggested that a past event can be analytically dissected by embracing the following cyclical stages of inquiry (see Figure 1 below):

Figure 1 - Gibbs' Cycle of Reflection

Description involves depicting what happened, when it occurred, who was present, what actions took place, and the nature of people's roles. The *feelings/thoughts* stage invites the inquirer to ponder over her emotions and thoughts and similarly what others were feeling and thinking. *Evaluation* seeks to determine what was helpful or unhelpful about the experience; it concerns the positives and negatives for all concerned. *Analysis* goes further to consider why events unfolded as they did. It looks for possible reasons for presenting behaviours. Lastly, the *action planning stage* contemplates what needs to change and how it should be achieved. These five sequential processes are the building blocks of insight into need, risk and required resources. The logic of the sequence is hard to question because each step builds incrementally from the preceding one to culminate in enhanced understanding of one's actions.

By way of contrast, let us briefly consider Fook and Gardner's (2007) model of critical reflection just to show how different theorists approach the topic. Drawing on critical theory, the model takes on a different hue by advocating an emancipatory perspective. The central premise undergirding the model is that social life is inexorably shaped by discourses: prescribed ways of doing and speaking about experience. Discourses, quintessentially, are initiated and shaped by power and expert knowledge (Burr, 2015). In Fook and Gardner's model, we firstly examine a critical event – say, one involving human oppression. The model then seeks to unearth the discourses feeding into the experience: a process known as deconstruction. This inquiry then leads on to what is termed problematization. In other words, problematization equates with critically evaluating the discourses, looking at how they have constricted assumptions, feelings, and reactions. From this step, we can then begin to reconstruct our thinking and response in a way that promotes well-being and emancipation. As can be seen, the Fook and Gardner model has merit because it turns our attention towards the experience of oppression when, for example, service users experience racism. To reiterate, social work must reflect on the 'personal' and the 'political'.

Reflexivity

Occasionally, the terms 'reflection' and 'reflexivity' are juxtaposed and viewed as synonyms. However, they are quite distinct. So, what does the latter term signify? (Reflexivity has been interpreted in different ways (see D'Cruz & Gillingham, 2007)) In previous publications (Houston, 2015; 2020) I have defined it as the awareness that people are shaped by a range of bio-psycho-social influences: our genes, our early attachment experience, the social groups in which we relate to significant others, the institutions we come into contact with, and the wider political-economy. Nature, classically, engages with nurture, agency interfaces with structure, the micro meshes with the macro to produce human individuality. Service users develop according to these parameters, as do social workers, as do we all. Reflexivity is a way of thinking about these influences on human personality and development. Crucially, we can explain why a person responds in particular ways, in large part, by considering these range of influences. Indeed, we can apply reflexivity to ourselves, and understand why we have reacted in a certain way.

Critically, when I as a social worker encounter a service user, it is highly likely that my personal and social characteristics, background, and experience will be different from hers. Not only might there be a difference in gender, social class, race, sexual orientation, and age but also psycho-social experience. Does this matter? Without doubt. By failing to reflect on the differences – which is what reflexivity rails against – I will be unable to accurately tune-in to the service user: her stance, reactions, response to me, motivation to engage and so on. Nor will I fully appraise my reactions to her. At the heart of reflexivity, consequently, is self and other awareness.

Reflexivity, given what has been said, supports anti-oppressive social work practice (Dominelli & Campling, 2002). When it casts a light on social factors like class, ethnicity, race, and the *disabling* effects of society on people with a disability, it positions the individual, socially, economically, and politically. Life outcomes are not purely a matter of human choices: they are determined by power, social structures, social exclusion, social cleavages, and social stratification.

Personal problems are indelibly linked to public issues. These are cardinal reflections that are germane to anti-oppressive thinking (Dominelli & Campling, 2002). Reflexivity in social work is therefore a 'moral must' as inequalities in many societies are becoming more acute and divisive. In the day-to-day grind of front-line practice, these wider considerations can often be forgotten.

Mentalization

Fonagy and Allen (2006) have elevated the significance of mentalization in therapeutic practice, mental health, life outcomes and human development. They view it as the capacity to stand back from the flow of our changing, evanescent mental states (our thoughts, emotions, drives, needs and intentions), scrutinize them and deepen our understanding of how they affect us, the choices we make, the reactions we automatically display. It is a form of meta-cognition. Based on this deep insight, we are then in a better position to regulate our mental states especially those that are unhelpful to self and others. Not only that, mentalization is the ability to understand another person's mental states, noting that they are likely to be different to our own. This is a matter of intelligent perspective-taking – of putting oneself into the shoes of the other. The outcome is accurate empathy and more productive working relations. Hence, mentalization promotes social intelligence, emotional literacy, and social connection.

Mentalization is a crucial cognitive skill in human growth and development. More specifically, Fonagy and Allen (2006) argue that it is integral to early attachment relations between infants and caregivers. The latter mentalize about their own mental states and those of their children to provide good-enough care. In doing so, the caregiver enables the child to develop her own capacity for mentalization over time. This is a vital development because it equips the infant with the capacity to self-regulate. The storm and stress that comes with unbridled anger, intense sadness, debilitating fear, can be overpowering for the child. We all need skills to manage our mental states particularly at points of transition in the life-course. Significantly, self-understanding and regulation leads to resilience (Fonagy & Campbell, 2017).

Social workers, too, need to cultivate the skill and develop it in others as it is linked with favourable outcomes (Shemmings & Shemmings, 2014). They are professionals embroiled in emotion labour and the vicissitudes of social interaction. They face inordinate levels of sadness and despair in their work. Shutting down is one way of coping with this reality but a poor strategy in the long-term. Working in residential child-care, for example, involves encountering complex trauma; however, it can then evolve into vicarious trauma for the professional. Not only does the social worker need to manage her own internal world, she must apply mentalization to comprehend the inner worlds of the young people with whom she works. This is a matter of bringing 'the inside out' and the 'outside in'.

Critical Thinking

Critical thinking (Gambrill, 2012) is the last conceptual skill we will consider. Unlike its preceding counterparts, it focuses on the application of reason, logic and evidence when making sense of experience. Crucially, it examines the veracity, probity, robustness, and soundness of arguments. If we make a contention, then on what basis is it put forward? Does it rely on fact or untested supposition? Is it a product of emotive abreaction or does it follow from concerted observation? Moreover, critical thinking examines taken-for-granted assumptions and premises about people and events. In doing so, it embraces hypothesizing, differential diagnosis, and sceptical discernment. Nothing can be taken as read. The critical thinker deliberately seeks for negative cases: examples that contradict fated preconceptions or cherished validity claims (Gambrill, 2012). Malleable cogitation is required if problem-solving is to be reliable and valid (Rutter & Browne, 2019). Becoming a Devil's Advocate to one's-self also stimulates creative thinking.

Unsurprisingly, critical thinkers invite counterclaims and welcome criticism (including self-criticism). They do so knowing the human predilection for various forms of biased thinking. Social workers are not immune from bias. Munro (1999) argues that confirmation bias besets the profession. In this type of bias, we seek information that endorses our hunches. The corollary is that alternative possibilities are blithely ignored. Yet, consider how unacknowledged bias undermines decision-making. There are human consequences arising from misinformed judgements. The penalties for vulnerable people take on an added resonance.

Systematic, rational and considered decision-making starts with a review of the problem, brainstorms a range of potential solutions to it, examines each solution in terms of its likelihood and consequences, and then makes an informed choice about the best way forward (Taylor, 2017). This level of scrutiny is in marked contrast to decision-making made hastily or out of prejudice or made on a whim. It is indubitable that social workers make many risk-laden judgements and decisions. They have manifest implications for people's liberties, lived experience and well-being. Critical thinking is therefore tantamount to ethical reasoning (Gambrill, 2012).

Social workers, when carrying out an assessment, arrive at hunches or premises about service users. This is natural. However, the issue is what happens next. Are the premises taken as real formulations about people and events, or are they actively tested in line with critical thinking precepts? Unexplored premises can solidify, gather moss, become established ways of seeing problems, of viewing service users in unbending ways. They provide a reassuring understanding and remove the discomfort of uncertainty. That is why premises are so alluring. Case notes reproduce and reify them. When new workers start their role and receive their case load for the first time, the premises are sometimes handed down. Therefore, families become known for certain ways of being, of presenting certain risks and needs. However, a critical event can reveal that the premise was unfounded. If only it had been approached sceptically in the light of evidence.

Rationality applied to judgements about premises is the road critical thinking invites us to walk down.

Conclusion

Triangulating the Conceptual Skills

Let us summarise where we have arrived at. In the main, reflection looks back to look forward. Reflexivity enlarges our circle of inquiry to consider how personal and social characteristics differ in encounters. Mentalization addresses our mental states so we can regulate them better. Critical thinking employs the faculties of logic and rationality to test the reliability and validity of evidence, judgements, and decisions. These skills, even though they differ, are complementary. When triangulated, or used in tandem over time, they result in a powerhouse of percipient analysis. However, conceptual skills need a 'hook' on which to constellate. One hook is the 'critical incident'. The celebrated American pragmatist philosopher, Charles Pierce, argued that any form of reflection should commence by choosing an event of significance that had happened in the real-world. Hence, we must begin our reflective endeavours by tackling grounded experience.

An example of a critical incident arises when a social worker must undertake an urgent visit to a family to remove the children under Emergency Care Orders. The action, though intensely emotive, is warranted because of the immediacy and severity of risk to the children and the fact that no other protectors can be identified. The removal of the children is effected but on the journey to the foster carers, the social worker mulls over the experience as doubts arise about how the process was handled. This is undoubtedly a critical incident. It has an ethical resonance because the act of removal creates undue distress for the parents, children, and social worker. In fact, the experience could be framed as a crisis. Emotions of fear, anger and sadness will no doubt be prominent, for all the parties.

In supervision the following day, the critical incident is discussed and examined. Over time, it can be viewing methodically through the four conceptual lenses described earlier. This approach adopts triangulation: looking at the event from different perspectives to enhance knowledge and understanding. So, the team leader and social worker begin to review the event through the lens of reflection, as a first step in the conceptual journey. They resort to Gibbs' cycle of reflection. After a report from the social worker describing the incident in detail, the team leader then prompts the social worker to consider the thoughts and emotions that it invoked. This affords the social worker the opportunity to talk about her anxiety and uncertainty as to how she handled the situation. Further, more analytical prompts, enable the social worker to consider *inter alia* how the issue of care and control was handled, how the introductory phase of the interview was structured, and how interaction with the children was managed. The team leader then helps the social worker to gently evaluate her practice: what was done well, what should have been done differently. Perhaps the social worker realises that her use of authority was poorly executed. Or, she realises that, while her actions were warranted, they have left her with a sense of discomfort.

At a later informal supervision session two days later, the lens of reflexivity is appropriated. As a result of this exercise, the social worker comes to realise the significant differences in personal and social characteristics between herself and the family members. Her stereotypical views about social class come to the fore.

Gender considerations emerge in addition: the children's father, a middle-aged man, appeared threatening. Gradually, the social worker comes to realise the raft of psycho-social factors shaping not only the parents' outlooks, but also her own assumptions about people and social issues. A much greater sensitivity emerges as a result of these ruminations.

At a team supervision the following week, the case is discussed, reviewing it through the lens of mentalization. Here, the social workers' colleagues help her to examine, in much more depth, how she regulated her emotions prior to, during, and after the visit. They prompt her to consider what the parents might have been thinking and feeling during the visit and to contemplate how they, in turn, were able to regulate their anxiety, anger and fear. The effect of doing all of this is to heighten the social worker's insight about self: how her strong feelings of anxiety affected her interpersonal approach to the parents. Greater empathy for the parents emerges from the process. Some clues as to why they acted in certain ways begin to form.

Lastly, the social worker adopts the lens of critical thinking when she has a quiet moment to ponder the case by herself and update her reflective journal. In doing so, some of her premises about family members are reviewed. Perhaps the father's apparent aggressive stance was understandable given the nature and context of the visit. The social worker checks past case notes, but there is no corroborating evidence indicating past aggression on his part. The social worker wonders if she has a concealed bias against working class men, perhaps prejudging them erroneously and misinterpreting their actions. On a more positive note, the decision to remove the children does appear warranted when all the risks are reviewed again. The absence of mitigating strengths comes into sharp focus when the circumstances of the case are critically interrogated. A rational appraisal of the case indicates that the risks are severe and likely to impact on the children's welfare.

Looking at a critical incident through the four conceptual lenses has significantly enlarged the social worker's perspective. Triangulation has brought insight into self, others, and the impact of the social world on thinking, feeling and action. The author has argued that social work is often messy, fraught, complex, and stressful. Causation is a multifaceted affair. The case example brings out this reality. To navigate our way through this indeterminate landscape, we need finely tuned skills of reflection, reflexivity, mentalization and critical thinking. Bureaucratic, unthinking social work is never an option.

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SOCIAL WORK IN AN ERA OF NEOLIBERALISM: A PROFESSION AT RISK OF DECIMATION

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Abstract

Neoliberalism has evolved from a political and economic ideology and emerged as an overall framework for the organisation of human life. The ultimate result of neoliberalism has been the restoration of class power through the upward redistribution of wealth, pervasive inequality, insecurity, and precariousness (Harvey, 2007a). Given its widespread hegemony, neoliberal discourse and principles have been readily adopted within the social work profession. Thus, influencing not only where and how social work is practised, but also redefining what social work is (Garrett and Bertotti, 2017). Intensive neoliberalisation has led to the commodification and privatisation of social services with dire consequences for those they are supposed to serve. Furthermore, contemporary social work is beginning to take on the role of "soft cops", occupied more with "surveillance and control" than with "therapy and welfare" (Ferguson, 2007, p. 15; Rogowski, 2010, p. 74). Neoliberal common sense has been internalised by the general population, a phenomenon from which social workers are not excluded, making its precepts ever more difficult to question and resist. However, resistance is necessary as the uncritical adoption of neoliberalism will lead to the decimation of the social work profession.

Keywords

Social work; neoliberalism; critical social work; rhetorically recalibrated neoliberalism; understanding to resist; radical social work.

Introduction

Neoliberalism is a political and economic ideology which has traversed into all spheres of modern life. Neoliberalism proliferated in the 1970's and is now a global phenomenon (Harvey, 2007a). Since then we have observed a dramatic shift in the economic and social policy direction of western neoliberal states which has ultimately resulted in the upward redistribution of wealth, pervasive inequality and, insecurity and precariousness in the workplace (Harvey, 2007a). This has significantly, and particularly, affected the quality of life of those most marginalised and vulnerable in society. However, the destructive effects of neoliberalism are not constrained to specific populations or contexts. The adoption of neoliberal ideology within the social work profession has not only influenced where and how social work is practised, but also redefined what social work is (Garrett and Bertotti, 2017). The article hopes to bring to light how the acceptance of neoliberal discourse and principles are reshaping contemporary social work practice. It is argued that the uncritical adoption of neoliberalism leads to the decimation of the social work profession. The article, therefore, aims to familiarise more practitioners and students to the concept of neoliberalism and how it might affect their practice. To resist, one must first understand.

The article explores several neoliberal characteristics which have specific implications for social work practice. More precisely, the micro-impact of neoliberalism on social work is examined. The article first considers the commodification and privatisation processes and how they change the organisational context in which social workers find themselves. Next, neoliberalism's ability to install a "common sense" rationality in the population, considering how this process has affected social work students, is explored (Garrett, 2019, p. 190). This is followed by a short introduction into rhetorically recalibrated neoliberalism, considering how this concept relates to structural changes occurring within social work. Finally, the effect of insecurity and precariousness within social work is discussed, followed by an outline of the implications of this for social workers.

What is Neoliberalism

Neoliberalism has been attached to a broad set of characteristics and is frequently used to explain a varying set of phenomena (Boas and Gans-Morse, 2009). Furthermore, due to the divergence between neoliberal theory and actual existing (pragmatic) neoliberalism it can be difficult to define the concept (Deeming, 2017; Peck *et al.,* 2009). Nevertheless, Harvey (2007a) defines neoliberalism as a "theory of political economic practices that proposes that human wellbeing can best be advanced by liberating individual entrepreneurial freedoms […] characterised by strong private property rights, free markets, and free trade" (p. 71).

In simple terms, neoliberalism strongly advocates for individual rights and freedom and is wary of any interference from the state; considered to be an infringement on the freedom of individuals. It is assumed that the free market is the best and only way to achieve individual freedom and human dignity, which were formulated to be "central values of civilization" (Harvey, 2007a, p. 5). Thus, neoliberal ideology advocates the extension of free market principles into other spheres of social and civil life previously out of its reach. For example, social welfare services and, more elusively, our personal relationships including our relationship to ourselves. Neoliberalism is more than just an economic and political ideology having constituted itself as a *new* way of life.

Commodification and Privatisation of Social Services

The state, during a period of *embedded liberalism* extending from the period of the end of the Second World War to around the 1970's, played a prime role in regulating the free market economy and the downward redistribution of wealth (Garrett, 2019, p. 189). In other words, the government worked on behalf of the people and acted as a protective factor against the brutality and oppression of capitalism. The primary aim of neoliberalism is to free itself from these constraints and restore class power (Harvey, 2007a). Interestingly, and contrary to neoliberal rhetoric, this aim is not achieved through minimising state influence in the free market economy, but rather by changing the role that the state plays within it (Garrett, 2019; Peck *et al.,* 2009). The role of the neoliberal state is to exert its power and influence to provide an environment conducive to capital accumulation. This is partially achieved through the privatisation and commodification of public services and assets previously out of reach for capital accumulation (Garrett, 2019). These include education, health and social care (Marthinsen, 2019). For example, there are currently over 100 private and voluntary children's residential centres in Ireland (Pollak 2015). The commodification and privatisation of social services, although justified by neoliberal rhetoric as making services more cost-efficient, equal and providing choice for service users, has had severe negative consequences (Carey, 2008). For instance, Polese *et al.* (2014) report that privatisation has led to the unequal provision of services, as they tend to be congregated in wealthier and more populous communities. Such a trend would present as particularly problematic in Ireland given its prominent rural communities. Furthermore, according to Pastor Seller *et al.* (2019), 75% of social workers argued against the private management of social services as they believed that it would prevent equal access for all citizens and deteriorate the quality of service provided. These 'opinions' are backed by other evidence suggesting that the privatisation of social services has not materialised as neoliberal rhetoric would like us to believe (Carey, 2008).

Changing Roles of Social Workers

Due to the commodification and privatisation of the social services sector, the organisational context in which social work is practiced has changed dramatically, which has subsequently influenced the role of contemporary social workers. A plethora of research has charted the changing nature of the duties of social work in the neoliberal era of market fundamentalism. Social workers are often employed as case managers, bureaucrats, or "administrative clerks" concerned primarily with the regulation of welfare payments, efficiency of services, and control and surveillance of clients (Lazăr *et al.*, 2019; Lauri, 2019, p. 343; Jönsson, 2019). One social worker in a study conducted by Jönsson (2019) claimed that most of her time is *wasted* doing paperwork and following manuals, stealing valuable time to engage in direct social work with her clients. Another participant in the same study claimed that the lack of time available for direct social work and interaction with clients has resulted in some clients apologising to her for taking up her time (Jönsson, 2019). These accounts are mirrored by other studies that suggest social workers' preoccupation with the implementation of guidelines and regulations have taken centre-stage while engagement with clients has been subjugated to the peripheral of their role (Garrett, 2012; Carey, 2008).

A further disconcerting development has seen social workers become personally responsible for and given an ethical obligation to ensure that services are cost-efficient. Section 22.2 of the Code of Professional Conduct and Ethics for Social Workers outlines that each social worker must be aware of the limited available resources and has a duty to use these in an efficient and effective manner balancing the duty of care to the client (Social Workers Registration Board, 2019). A social worker in a study by Lauri (2019, p. 341) argued that the basic rationality behind this idea is that providing service users with more than they need will lead to *welfare dependency.* Therefore, rationalising the use of interventions based on the principle of the "lowest effective level of care" (Lauri, 2019, p. 341). This principle implies that cost-effectiveness should always be in the back of the mind of the social worker and plays a significant role in the assessment and intervention process, making it seem reasonable to restrict access to supports and look for cheaper alternatives. Furthermore, the needs of one client is placed in competition with the needs of others. Lee *et al.* (2019, p. 239) argue that social workers are preoccupied with cost-effectiveness and interventions that "count and are measurable" and thus are prevented from relational engagement with clients. One participant in a study by Jönsson (2019) highlights how budgetary concerns often take precedence over clients' needs.

Social work has always found itself in a complicated and dualistic role of care and control (Lauri, 2019). Social workers are both advocates of social justice and equality, challenging norms and power structures that have marginalised whole population groups, while at the same time working as agents of the state responsible for the control of *deviant* populations. The neoliberalisation of social work has shifted the balance in favour of control and subjugation. Ferguson (2007, p. 15) argues that social workers have adopted the role of "soft cops", engaging in social control and only differ from "hard cops" based on the methods that they employ. In the Romanian context social workers have already become controllers, assessing clients' compliance with rules and procedures, rather than understanding and addressing the root causes of their problems (Lazăr *et al.*, 2019). The role of social work within neoliberal states, such as Ireland, has also shifted dramatically, from "therapy and welfare to surveillance and control" (Rogowski, 2010, p. 74; Carey, 2008). This view is shared by Davis and Leonard (as cited in Carey, 2008, p. 927) who argue that contemporary social work is more aligned as a profession concerned with the monitoring and controlling of "problematic populations […] the mad, the bad and the difficult", than one engaged with social justice and equality.

The nature of contemporary social work has drifted dramatically. Deep, relational social work has been replaced with superficial engagement and procedural driven work. Traditional social work such as psychosocial counselling, relationship building, and advocacy has been replaced and subordinated to the implementation of procedures and guidelines, standardised interventions, paperwork, and the surveillance and control of clients. The new roles adopted by social workers have caused some to feel that the "heart of social work" has been lost (Jönsson, 2019, p. 218).

Neoliberalism: 'Common Sense' Rationality

Neoliberalism is more than an economic policy (Marthinsen, 2019). Rather it has become an "unquestioned, 'common sense' framework for understanding society" (Fenton, 2019, p. 2). It has managed to transform individuals into "neoliberal subjects" by influencing how they act and think in accordance with neoliberal ideals (Garrett, 2019; Thompson, 2008, p. 68). Neoliberalism is enmeshed with individuals' sense of identity, sense of worth, dreams and goals (Garrett, 2019). This makes it difficult to question and be critical of the ideology (Hölscher and Sewpaul, 2006). It is this non-coercive, biopolitical nature which makes neoliberalism so effective and dangerous. Having internalised neoliberal ideology means that many social workers may uncritically accept its 'common sense' rationality (Jönsson, 2019; Harvey, 2007b; Garrett, 2019, p. 190). For example, rationalising cuts in social welfare to extinguish the 'problem' of welfare dependency and the welfare trap, as previously mentioned. Fenton (2019) highlights how social work students have internalised a neoliberal *weltanschauung*. She goes on to argue why it is imperative for social workers to understand the pervasive impact of neoliberalism and how it shapes our attitudes, thoughts and consequently our social work practice: The internalisation of a neoliberal ideology is problematic, particularly for the social work profession, as its values and worldview run in direct contradiction with those of social work (Fenton, 2019). Neoliberalism emphasises strong individualism and ideals such as self-sufficiency, independence, and callous competition, which threaten social work ideals of equity, care, solidarity, interdependence and social justice (Morley and Macfarlane, 2014; Lauri, 2019).

In Fenton's (2019) study, mentioned above, it was found that iGeneration (those born after 1995) social work students had internalised an attitude coherent with neoliberal ideology. For instance, the participants in the study were found to have adopted an individualistic attitude towards client problems, neglecting the role of societal structures while overemphasising individual responsibility. Such an attitude risks depoliticising structural problems, leading to the furtherance of a blame culture (Hyslop, 2018). A lack of interest and engagement with the political component of social work was also found. In addition, the participants portrayed an authoritarian view in relation to punishment and negative attitudes towards unemployed people (Fenton, 2019). An overarching theme of passivity in relation to adherence to managerialism, procedures and guidelines, and a lack of engagement in critical thinking was also prevalent. Overall, the findings of the study suggest that iGeneration social work students have internalised a neoliberal ideology. Having said that, Fenton (2019) also acknowledged that the participants of the study were at the start of their professional training. Therefore, it is possible that after three to four years of studying social work, the students would adopt a perspective more in line with social work values. Nonetheless, one would like to imagine that those who would want to become social workers would already have a worldview that fits at least remotely with the core values of the profession, as has been found with nursing students (Stacey *et al.*, 2011).

Rhetorically Recalibrated Neoliberalism in Social Work

Rhetorically recalibrated neoliberalism is a creative repackaging of the same old neoliberal paradigm (Garrett, 2019). It reframes worthwhile ideals in a manner that persuades the population to engage further with counterintuitive neoliberal ideology in order to achieve said ideals (Garrett, 2012). For instance, neoliberalism promotes an insincere rhetoric of diversity, social inclusion, prosperity, and equality, reframing these concepts in market terms (Garrett, 2019). In other words, neoliberalism espouses a rationality that suggests that diversity, social inclusion, and inequality can only, and best, be achieved through an open and unrestrictive free market economy. Interference by the state, by means of say affirmative action, will inevitably lead to more inequality. According to neoliberal rhetoric, the only way to end the social problems which were in part caused by neoliberalism is through more intensive and wholehearted engagement with neoliberalism. For instance, the proposed solution to the economic crisis of 2008, which was largely caused by deregulation and other neoliberal policies, was further and more intensive deregulation and other neoliberal policies (Orlowski, 2012).

The idea of rhetorically recalibrated neoliberalism can also be related to contemporary social work rhetoric. Structural changes in social work practice such as standardisation and evidence-based practice have been portrayed as much needed changes that will transform the social work profession and improve the quality of services for clients. Thereby, media attention created by child death inquiries and abuse scandals, such as the Victoria Climbié case, have been used to promote the need to standardise services and practice methods and justify the need for evidence-based practice (Laming, 2003). While it is difficult to argue that these changes in social work are not beneficial, it is also important to question them and how they influence social work practice. Social workers should question whether the implementation of standardisation and evidence-based practice also have an economic benefit and are part of the commodification process of social services, serving those that own and work in the services, rather than those that are supposed to benefit from them.

For example, while standardisation has made social work more organised and more cost-efficient, it has arguably also removed social work from its human qualities and made it harder for social workers to use their individual discretion and address individual client problems (Jönsson, 2019; Ferguson, 2004). Standardisation, generally, is a reductionist approach to social work and has attempted to simplify complex life issues and situations that social workers deal with, in addition to stifling more creative social work practice. Standardisation has also made it easier to attach a price tag to client problems and interventions (Ponnert and Svensson, 2016). Therefore, it could be seen as a change more beneficial to the managerial administration and commodification of services than social work practice.

A similar trend can be observed with evidence-based practice. Evidence-based practice has made social work more efficient and cost effective while eradicating some outdated and even harmful practices (Hammersley, 2005). On the other hand, evidence-based practice and performance indicators cannot measure relationships and the more intricate matters of social work (Petersén and Olsson, 2014). Evidence-based practice has resulted in a surge in brief interventions, such as task-centered and cognitive behavioural therapy, which are easy to quantify and measure, but overwhelmingly focus on client behaviours and tend to be superficial. Deep, relational social work has been undermined and social work has now become outcome driven instead of process driven. The argument here is not to deny the value of standardisation or evidence-based practice, nor to portray them as inherently negative or corrupt, but to highlight how rhetorically recalibrated neoliberalism within the social work profession has framed these progressions as necessary for best practice and as the only alternative for the future, making them unquestionable.

Furthermore, it can also be argued that neoliberalism has distorted the meaning of social work values and ideals such as empowerment, social inclusion, and participation. As a case in point, the idea of social inclusion has, in some areas, been reduced to simply encompass inclusion in the labour market. Thus, justifying job activation schemes and drawing back state welfare spending. The problem is that horrendous working conditions, insecure and precarious work, and the inability to support oneself and one's family on a working wage means that for many being part of the labour market is disempowering, socially excluding and prevents their full participation in society (Millar and Crosse, 2018). Rhetorically recalibrated neoliberalism has distorted and reframed social work values in market terms to suit its aims.

Insecurity and Precariousness

The neoliberalisation of society has invigorated new experiences of insecurity and precariousness in people's lives. Part-time, low wage, unregulated, and temporary work is at an all-time high and is no longer restricted to unskilled labour (Good Gingrich, 2010).

Even social workers and other highly educated professionals are affected by insecurity and precarious work (Pentaraki and Dionysopoulou, 2019). This has led to the proletarianization of social work, a phenomenon in which social workers support clients with socio-economic circumstances that they themselves are subjected to (Pentaraki, 2016). The most striking example of this trend in Irish society was the introduction of 0-hour contracts, where employees had to be available for work but were not guaranteed any hours. While 0-hour contracts have officially been banned under the Employment (Miscellaneous Provisions) Act 2018, many health and social care workers, such as temporary and relief workers are excluded, and still subject to these contracts (Citizens Information, 2018). Moreover, in Ireland there were plans to introduce a new 'graduate placement scheme' which proposed to insert a lower pay-scale grade for freshly qualified social workers in order to fill much needed posts during a time of restricted resources (Cuskelly *et al.*, 2014; Garrett and Bertotti, 2017). Fortunately, through collective resistance, these plans were effectively dismantled at the time. However, the insecurity and precariousness of work has in effect manipulated individuals to consent to inferior working conditions and lower wages (Harvey, 2007a; Moisander *et al.,* 2018)

Insecure and precarious working conditions also have important implications for how social workers' practice. Advocating on the behalf of clients, fighting for social justice, and challenging discriminatory and oppressive polices, legislation and guidelines are key components of the social work role. Lauri (2019) highlights some of the processes through which social workers are silenced and prevented from criticising organisational structures, even when these oppress clients. Temporary contracts and general insecurity results in many social workers refraining from the above activities in attempts to preserve their jobs. Garrett and Bertotti (2017, p. 36) argue that precariousness and insecurity in social work has led to lowered career aspirations and instilled a "politically docile" workforce. Precarious working in social work also has negative implications directly for clients. Relationship building is the basis of social work practice (Trevithick, 2012). However, due to precarious work conditions, clients are subjected to a glut of different social workers in a short period of time. A survey conducted by the National Social Work Qualifications Board (NSWQB) in 2006 reported that over 17% of social work posts within the HSE were not permanent. This development has been dubbed the "syndrome of permanent temporary posts" (National Social Work Qualifications Board, 2006, p. 10). Therefore, clients must continuously restart work with new social workers, preventing the development of strong relationships and transformation.

Understanding to Resist

The social work response to the neoliberal colonisation leaves a lot to be desired; making it ever more imperative that the elusive, yet destructive neoliberal precepts are understood (Morley and Macfarlane, 2014). As social workers are often employed as agents of the state, responsible for the implementation of social policies, it is vital that they are critical, reflective, and cautiously aware to ensure they are not enchanted by neoliberalism (Morley and Macfarlane, 2014), thereby becoming "neoliberal administrators" complicit in the reproduction of inequalities and injustices (Jönsson, 2019, p. 222; Bay, 2019). As noted earlier, not all neoliberal shifts within social work can necessarily be classified as inherently bad. However, neoliberalism often persuades the population to engage with it through promises of a better future, hiding or distorting its true intentions (Harvey, 2007b). For example, rhetoric of self-determination and empowerment frequently espoused within social work can be reformulated to rationalise increased welfare retrenchment. Therefore, critical engagement with neoliberalism is necessary. Morley and Macfarlane (2014, p. 338) write of the power of critical reflection to resist the neoliberalisation of social work practice and enhance values of “human rights, equity, democracy, social justice and other emancipatory goals of social work”. Furthermore, critical engagement allows for the questioning of common-sense understandings; therefore, challenging the foundations of the neoliberal project, which allow it to prosper. Morley and Macfarlane (2014) have outlined how critical reflection has helped students to resist neoliberal common-sense explanations and understanding during their placements.

Engaging with neoliberalism from a critical standpoint is particularly important when it comes to social work involvement in the political realm. Social work is an inherently political activity. According to the International Federation of Social Workers’ (2014) definition of social work, the promotion of social justice and social change lie at the centre of the profession. Social workers should not just work with and create change for individual clients, but they should also be engaged in the political activity of challenging social structures, policies and legislation which foster inequality, inequity, and discrimination, trespassing against the human rights of those marginalised in society (Social Work Action Network, 2017). In order to do this, social workers need to understand the neoliberal project and how it effects their practice and the lives of their clients (Wallace and Pease, 2011). To resist, one must first understand.

Conclusion

Neoliberalism is a pervasive economic policy and political philosophy that has crept into and transcended every part of everyday life. Social workers are not exempt from this phenomenon, which has had an immense impact on the profession. Due to neoliberal process’ such as commodification and privatisation, the roles in which social workers are employed have changed dramatically (Albuquerque, 2019). Social workers are often employed as bureaucrats and occupied more with paperwork, budgetary concerns, and the control of clients than in the facilitation of growth and change. This had led some to believe that the “heart of social work” has been lost (Jönsson, 2019, p. 218). Neoliberalism has also invigorated a “common sense” rationality in iGeneration social work students (Garrett, 2019, p. 3; Fenton, 2019). This is of great concern as neoliberal values are antithetical to core social work values and therefore could threaten the future of the profession as we know it (Morley and Macfarlane, 2014). Traditional, relationship-based social work is also threatened by fundamental changes, such as standardisation and evidence-based practice. While these changes undoubtedly benefit social work practice, it is important to question the neoliberal motive behind their implementation. Moreover, the neoliberal features such as insecurity and precariousness also prevent some social workers from fulfilling core duties, such as advocating and fighting against social injustice and oppression. In conclusion, the aggregate of the aforementioned features of neoliberalism present a fundamental challenge to the nature, role and values of social work. Therefore, social workers must understand neoliberalism in the hope of being able to resist its influence on their practice and on the lives of their clients.

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AN EXPLORATION OF THE ROLE OF TRAUMA-INFORMED CARE IN FOSTERING STABILITY

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Declaration

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Abstract

Fostering stability is at the core of foster care as it is the pathway for children to experience enduring relationships (Vanderwill et al., 2020). However, in practice, achieving stability can be challenging as it is a multifaceted phenomenon. A unique research collaborative was set up in 2016 between Tusla, the Child and Family Agency and University College Cork (UCC) that had an overarching aim to reduce fostering instability. The research project sought to contribute to addressing the challenges of achieving fostering stability by applying the approach of trauma-informed care. The research produced an evidenced-based psychoeducational intervention that supported the capacity of foster carers to provide children with trauma-informed care. This paper explores the research in relation to its contribution to supporting fostering stability.

Keywords

Foster Care; Trauma-informed Care; Fostering Stability; Relational Practice.

Foster Care and Stability

The goals of foster care include the safety and protection of children, meeting the developmental needs of children and thus, improving outcomes for children. As a foundation to achieving these goals the foster care system aims to provide children with stability in a family. Fostering stability refers to the child having the benefit of a placement that lasts for the planned time intended (as set out in their care plan) and the placement does not end suddenly or in an unplanned way (Carnochan et al., 2013; Rubin et al., 2007). This stability is the overarching objective of the foster care system (Rubin et al., 2007; Biehal, 2014) as it is the pathway to permanence, which is linked to improved outcomes for children (Egelund and Vitus, 2009; Rubin et al., 2007. Permanence refers to the child experiencing a stable and loving family that will support them through childhood and beyond, essentially enabling the child to experience enduring and life-long relationships. This may entail returning home, remaining in foster care (long term) or adoption from care (Boddy, 2013). Children who experience fostering stability and permanence are more likely to have improved psychosocial development (Vanschoonlandt et al., 2012), educational outcomes (Newton et al., 2000), less severe behavioural difficulties (James et al., 2004;

Vanschoonlandt et al., 2012) and are less likely to require mental health intervention (Rubin et al., 2007). For children who require mental health intervention, they are more likely to access and engage in such services when they experience stability (Vanderzee, Sigel, Pemberton and John, 2019. Fostering stability also is more likely to afford children the benefit of continued emotional, social support into adulthood (Schofield et al., 2012) and in turn is associated with better long term outcomes (Courtney and Dworsky, 2006).

However, achieving fostering stability is often a complex task and is a common feature of foster care. Thus, many children experience sudden and unplanned moves in care. Whilst some moves may be in the child's interests, they are often experienced as being extremely distressing for children (Unrau et al., 2008), the foster family (Gilbertson and Barber, 2003) and the social workers involved (Rostill-Brookes et al., 2011). Predominantly it involves the breakdown of the carer-child relationship and subsequent loss of foster family, friendships and community for the child (Leathers and Testa, 2006; Chamberlain et al., 2006).

Fostering stability is influenced by factors that relate to the child, birth family, foster carer, and agency practices. A recent meta-analysis (Konijn et al., 2018), found the strongest factors to influence fostering instability were found to be children's behavioural problems, non- relative care type placements and quality of caregiving practices. Other significant factors were; older age of the child coming into care, the history of maltreatment, and the quality of agency support. However, fostering instability most likely to involve a combination of factors (Tonheim and Iversen, 2019) that are interwoven, evolving, and interacting over time which result in children's needs not being met.

Fostering Stability in the Irish Context

At the end of 2018, Tusla (2018) reported that 114 children experienced 3 or more placements (2% of children in care). 46% (52/114) of the children were in foster care placements, 46% (52/114) were in residential care, 9% (10/114) in other placement types (these included detention school/centre, disability unit or drug rehabilitation centre). Tusla (2018) reported that children who experienced 3 or more placements comprised of less than 2% (52/5551) of children in foster care and 15% (52/346) of children in residential care. An Irish study (McNicholas et al., 2011) found in a sample of 176 children in care three years or more, the majority who were in foster care (78%: 136), had on average 2.35 placements (SD= 2.58, range 1-16). These figures suggest that many children in foster care experience instability and multiple moves in care.

High-quality practices of permanency planning is associated with promoting stability and improved outcomes for children in foster care (Tilbury and Osmond, 2006; Gauthier et al., 2004). Permanency planning involves making a plan for the long-term care of the child. It aims to develop a route from temporary care to a permanent family often via a successful return to home or long-term care as soon as possible. Long term foster care has been a successful route to permanency for a minority of children in Ireland. This is reflected in the numbers of children who remain with their foster families after discharge from foster care. Of the children discharged from care (n=1040) in 2018, 26% (275) of children remained with their foster family, likely to be those aged 18 years. This is also reflected in the numbers of young people receiving after-care services who remained living with their foster families. 47% (939/2017) of young people (aged 18-22 years) receiving after-care services in 2018, remained living with their carers suggesting that these young people had achieved stability and permanence in their foster family (Tusla, 2018). It is noteworthy that whilst the majority were living in other arrangements (53%: 1078), of these only 9% (193) returned home. The remainder of young people were living independently (26%: 529) (this included young people residing in third level accommodation) or in supported accommodation (18%: 356). (Tusla, 2018). Further to this, what is not captured in the data is that aftercare services estimate that of those in independent living accommodation, 50% continue to have strong links with their foster families, returning at weekends and/or for holiday periods (D. Britton, After Care Manager, personal communication, October 24, 2018).

The recent enactment of the *Adoption Amendment Bill 2016* now provides a pathway for children to be adopted without parental consent. Traditionally, this route to permanency has been considered challenging due to birth parents rights and the status of the nuclear family afforded in the Irish Constitution (McCaughren and McGregor, 2017). Children who are adopted from care are often close to reaching their eighteen birthday (O'Brien and Palmer, 2016). However, access to permanency for children in foster care through adoption is likely to increase given these recent legislative changes.

When high-quality practices of permanency planning are not in place, this can leave children at risk of 'drift in care' (Christiansen et al., 2012). Drift in care refers to the experience of living in prolonged temporary arrangements that fuel an on-going state of uncertainty for children, parents, and foster carers regarding the child's future. However, it must be acknowledged the practice of permanency planning is complex in any jurisdiction as it involves balancing the rights of children and families. In Ireland, this process is compounded by inconsistent court practices (Coulter, 2015; Parkes et al., 2015), by the lack clarity in policy (Parkes et al., 2015) and a lack of practice guidance. These difficulties are most likely connected to the status afforded to the nuclear family in the Irish Republic's Constitution, despite the inclusion of Article 42A into the Constitution in 2012. This amendment led to the insertion of the child's right to have their views given due weight and attention in all proceedings relating to them. However, care orders are granted at significantly higher rates in some geographical areas than in others (O'Mahony et al., 2016). This results in long drawn out care proceeding where options for reunification are revisited repeatedly in some cases. These inconsistencies reflect the need for child care proceedings to be dealt with by specialist judges (O'Mahony et al., 2016) and the lack of effective child participation in the court process (Parkes et al., 2015).

In recognition of the policy and practice gaps, Tusla aims to develop a practice handbook on permanency planning as part of Tusla's Business Plan (Tusla, 2018). This is a welcome initiative given that high numbers of children remain in care for lengthy periods, 49% (2822) of children were in foster care for over 5 years in 2018 (Tusla, 2018). The percentage of children who remain in care for more than five years has increased year on year since 2015 (Tusla, 2018). These percentages may reflect the concerns that Irish children may experience 'drift in care' (Devaney et al., 2016, O'Brien and Palmer, 2016).

Fostering Stability and Trauma-informed Care

Fostering stability is at the core of foster care. This usually involves developing safe relationships between children and foster carers. However, children in foster care most often have experienced some degree of developmental trauma and thus, developing safe relationships with traumatised children can be very challenging. Trauma-informed Care is an approach to working with and caring for children and families that have experienced trauma through supporting safe and secure carer-child relationships (Bath and Seita, 2018). Trauma-informed Care can be described as incorporating three main elements. These are an understanding and recognition of the effect that trauma exposure has on children and families, as well as those who care for and/or work with these children and their families, the adequate knowledge and skill in responding to the effects of trauma exposure and the use of evidence-informed practices that target trauma. It is a fast-growing approach, particularly in the USA and Australia in the realm of foster care practice. The body of research to support the implementation is also growing, whilst still at the early stages (Barajas and Martinez, 2020).

Gaps in the resources available to children in foster care and foster carers in Ireland have been highlighted in research (IFCA and Tusla, 2017, Moran, McGregor, and Devaney, 2017). Despite the prevalence of high rates of attachment and trauma-related difficulties in children in foster care (Forkey and Szilagyi 2014), they often do not have access to trauma-specific treatments. The needs of these children are often very challenging for foster carers. Parenting skills alone are not sufficient to equip foster carers to care for children who have experienced trauma and promote their recovery and healing. Foster carers may be frightened or overwhelmed by the extreme behaviours which can lead to fostering instability (Oosterman et al., 2007). In 2016, unique research collaboration was set up between Tusla and University College Cork, The Trauma-informed Care Research Project. The main aim of the project was to contribute to addressing the challenges of achieving fostering stability by applying the approach of trauma-informed care. This article explores the findings of the research in relation to its contribution to fostering stability.

The Research Design

The research was supervised through a doctoral programme in UCC (Lotty, 2019a). Ethical approval was granted from both the Social Research Ethics Committee in University College Cork and by the Tusla Ethics Review Group. The research aimed to support foster carers to provide children with trauma-informed care through developing and evaluating a group-based psychoeducational intervention, *Fostering Connections: The Trauma-informed Foster Care Programme* (hereafter referred to as *Fostering Connections*). *Fostering Connections* is a six-session training programme for foster carers based on the theoretical base of trauma-informed care and the needs of foster carers identified by key stakeholders in Irish foster care. The programme aims to support and enhance foster carers' capacity to provide trauma-informed care and in turn, reduce children's trauma-related difficulties. The project was developed over three years (2016-2019) following a complex mixed methods study design.

The Development Stage involved completion of a narrative literature review of the effects of current trauma-informed care interventions for foster carers. It also involved a pre-intervention qualitative study that assessed the current practice climate and support for implementation of this intervention. The narrative review suggested that trauma-informed care could inform foster carers' responses when caring for children who have experienced trauma. Participants in the pre-intervention study expressed the need for such a programme and a willingness to support its implementation in the current context of foster care in Ireland. A mixed method approach was used to synthesise the results of the narrative review and pre-intervention study to develop the group-based intervention, *Fostering Connections.* The Feasibility Stage involved a programme review by the local Fostering Team. At Evaluation Stage, a quasi-experimental study with a control group and a post-intervention qualitative study were completed. These two studies were combined using a triangulated analytical strategy to complete an early stage evaluation.

A stakeholder group was established that had a dual role of providing oversight to the project to ensure the programme aligned with the child welfare agency policy and practice and secondly to provide support to the research process. The group consisted of key stakeholders in foster care that were interested and/or held responsibility for the development of foster care. The members included professionals from areas of social work, nursing, psychology, workforce learning and development, the Irish Foster Care Association, the foster carer approvals committee, foster carers, a care leaver, doctoral supervisors (Schools of Applied Social Studies and Applied Psychology, UCC), child welfare practitioners and senior managers creating a multidisciplinary group.

Preliminary evidence is promising and suggests that *Fostering Connections* may be an effective intervention for increasing foster carers' capacity to provide children with trauma-informed care and in turn, is associated with improvement in child regulation and reduce peer problems over time. Importantly, a trend towards improvement in the children's outcomes was indicated in the quantitative analysis over time but did not reach statistical significance until time-point 4 of the study (15 months). The effectiveness trial has been recently published (Lotty, Dunn-Galvin and Bantry-White, 2020). It involved 79 foster carer participants. Study participants were recruited from the Tusla, Child and Family Agency, in two geographical sites in the south of Ireland in May 2017. A broad recruitment strategy was applied. All Participants were included if they were approved Tusla foster carers, were fostering at least one child, and wished to attend *Fostering Connections* and whose participation was supported by their link fostering social worker. Foster carers who had previously participated in trauma-informed care type training were excluded from the study. A quasi-experimental design was used to compare the results of the intervention group (n=49), to a control group (n=30,) who received usual care. Standardized assessment measures were used. All statistical analyses were performed in IBM SPSS Statistics (Version 24, IBM Corp, Armonk, NY, USA). A two-way mixed ANOVA was conducted to investigate if changes across the four time points (baseline, immediately post-intervention, 16 weeks post-intervention and 15 months post-intervention) differed significantly between the two groups (intervention, control). Foster carers' knowledge of trauma-informed fostering, tolerance of misbehaviour and fostering efficacy, and children's emotional and behavioural difficulties were assessed.

This intervention is likely to make a significant contribution to the training provision for foster carers in Ireland, supporting their capacity to care for children with trauma-related difficulties. It is noteworthy that most foster care research is based in the USA, which operates a different type of foster care system and thus, may not be generalizable to an Irish population. Thus, this Irish based foster care research, reflecting the Irish context, is more likely to support improvements in foster care practice. In this paper, the research is discussed in relation to its contribution to supporting fostering stability.

Research Findings

Foster Carer Outcomes

This research sought to target foster carers' capacity to provide sensitive and responsive care through providing children who have experienced trauma with trauma-informed care. The findings of this research suggest that *Fostering Connections* may be effective in increasing foster carers' capacity to provide trauma-informed care and thus, their capacity to provide sensitive and responsive care. The capacity to provide trauma-informed care was delineated by the foster carers increase in trauma-informed care understanding (knowledge), the development of a trauma-informed care mindset (thoughtful and empathetic attitude) and an increase in their fostering confidence. This confidence was based on the foster carers feeling more equipped with the necessary understanding and skills required to care for children who have experienced trauma. The foster carer also described that in providing children with trauma-informed care they had become more aware and regulated in responding to child behaviours they had found challenging and motivated to create connecting opportunities that promote positive carer-child relationships. This accords with research on foster carers who provide responsive and sensitive care, using appropriate caregiving skills to support fostering stability (James, 2004).

Child Outcomes

Furthermore, the foster carer study participants reported that *Fostering Connections* is associated with improvement in children's regulation and peer problems over time through providing trauma-informed care (Lotty et al., 2020). Not surprisingly, this suggests that significant benefits of foster carers providing children with trauma-informed care is likely to take time and requires the considerable patience and commitment of foster carers. Many children that the foster carers were caring for in the study were experiencing serious developmental difficulties. Consistent with other studies, children in foster care have varied levels of psychosocial functioning (Goemans et al., 2018; Cousins et al., 2010). It is also likely that over the 15 month study period, these children experienced systems stressors beyond their control such as a parent dying, inconsistent access experiences, a sibling in same placement being moved and the on-going uncertainty of court proceedings. Consistent with previous research, the foster carer-child relationship was found to act as a buffer against known risk factors (such as children's behaviour) for fostering instability (Oosterman et al., 2007; McWey et al., 2018; Wojciak et al., 2017).

It was also of note that the vast majority of children in the sample were in their first placement or had experienced one move (77%: 93/119). 26 (22%) children had experienced two or more moves at baseline. The majority of children were also subject to care orders (81%; 98/119) at baseline (Lotty, 2019a). Thus, the majority of children that benefited from the intervention had little 'placement' disruption. This may reflect less externalized behaviour which is strongly associated with fostering instability (Konijn et al., 2018). The children also were involved in legal proceedings. This is associated with less likelihood of reunification with birth family (López et al., 2013). Therefore, it is likely that the foster carers were more invested and motivated to develop long term relationships with these children than children with chronic experiences of placement instability and children under voluntary care arrangements. This is an important consideration as the foster carer-child relationship is identified as a protection factor against the risk associated with instability

(McWey et al., 2018; Oosterman et al., 2007; Withington et al., 2017). Furthermore, research indicates positive warm foster carer-child relationships are associated with less disruptive child behaviour (Joseph et al., 2014; Yoon et al., 2015), are a significant moderator of trauma-related behaviours (Wojciak et al., 2017), and are viewed as a powerful mediator of change in supporting children's trauma healing and healthy development (Wojciak et al., 2017). A recent review of foster care interventions also identified the core component of programme effectiveness was enhancing carer-child relationships (Kemmis-Riggs et al., 2018). Behavioural management training programmes are not consistently effective in reducing behavioural difficulties or promoting fostering stability in the foster care population (Turner et al., 2007; Everson-Hock et al., 2012).

Foster Carer-Child Relationships

Trauma-informed Care focuses on supporting the development of restorative career-child relationships. Thus, this supports the opportunity for children in foster care to develop and experience an enduring lifelong relationship with an adult. Children are also more likely to achieve fostering stability and permanence in their life, the ultimate goal of fostering. This suggests the need for child welfare agencies to target, facilitate, and encourage foster carer-child relationships, through trauma-informed interventions that target foster carer-child relationships. Trauma-informed interventions that focused on regulatory and relationship-based practices have shown improvement in children's behavioural difficulties (Arvidson et al., 2011; Purvis et al., 2015; Hodgdon et al., 2015). Therefore, *Fostering Connections* is likely to make a contribution to support fostering stability by improving foster carers' capacity to provide children with trauma-informed care. Such stability is in turn associated with improved outcomes for children in foster care, foster carer satisfaction, and retention (Whenan et al., 2009).

Placement Instability

Whilst *Fostering Connections* may have contributed to supporting fostering stability by improving foster carers' capacity to provide trauma-informed care. However, this is unlikely to be enough to support fostering stability for all children in foster care. Over the course of the study (15 months), 13 children (11%) experienced a placement move (Intervention group= 10 (12%), Control Group= 3 (8%)). Of these 9 (7%) children experienced a placement breakdown. Of these 13 moves, 4 (31%) were instigated by the agency where the child moved to live with a relative carer (n= 1), from an emergency placement to a short term placement (n= 1), owing to the child's sexualised behaviour (n= 1) or to be reunified with the birth family (n=1). The child that was reunified returned to the same foster carer within the study period. One of the children instigated their move by 'running away' and the placement subsequently broke down. All moves instigated by foster carers were placement breakdowns whereby foster carers, who had been committed to the placement, were overwhelmed by the children's externalised behaviours (n=8, 62%).

Limitations of the Study

This research reflects the experiences of a small sample of foster families that were recruited to attend a Trauma-informed Care programme. It is possible that the foster carers were generally more motivated to participate in this research, since they expressed a strong need for an intervention of the type offered. As discussed above, many children in the sample were experiencing clinical levels of emotional and behavioural difficulties. Thus, care is needed in making generalisations to the wider foster care population in Ireland given the heterogeneity of the needs of children in foster care. Nevertheless, the findings are consistent with other research which indicated that the majority of unplanned moves are requested by foster carers (Koh et al., 2014; Ofsted, 2017). Ofsted, the government inspection body for children services in the UK, reported the majority of unplanned moves, 55 % (1610 children) were requested by foster carers in 2017 (Ofsted, 2017).

The contribution of the programme must be viewed within the context of the many factors that influence fostering stability (Lotty, 2019b). Fostering instability is a multifaceted phenomenon and is common within foster care as discussed earlier. The effective support and training for foster carers, foster carers' capacity to provide sensitive and responsive care, and the quality of carer-child relationships were identified as significant factors in supporting foster families. However, it also involves many other factors. Consistent with other research, behavioural difficulties in children in foster families is a strong predictor of placement breakdown (Maaskant et al., 2016). This may explain why fostering instability was experienced by some children during the study period. From this, it can be inferred that there is a need to identify the children who are at risk of 'placement' breakdown as early as possible to avoid fostering instability (Delfabbro and Barber, 2003; Hurlburt et al., 2010; Goemans et al., 2018). The provision for more intensive trauma-specific interventions for children alongside training and supports for foster carers are likely to be required to support the reduction of children and families experiencing 'placement' breakdowns.

Conclusion

This paper has explored the findings of recent foster care research in relation to fostering stability through the application of trauma-informed care. This research has contributed to promoting stability of foster families through an evidenced-based psychoeducational trauma-informed care intervention for foster carers. However, developing the foster carer's capacity to provide children with trauma-informed care whilst, a promising approach, is unlikely to be sufficient to support the stability for all children in foster care. The provision of more intensive trauma-specific interventions for children alongside training and supports for foster carers are required to support the multifaceted phenomenon of fostering stability.

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'SHARING THE VISION: A MENTAL HEALTH POLICY FOR EVERYONE,' AN OVERVIEW AND IMPLICATIONS FOR SOCIAL WORKERS.

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Abstract

This article will outline an overview of the recently published mental health policy in Ireland: Sharing the Vision- A Mental Health Policy for Everyone. The author will highlight some of the 100 recommendations and offer a critical appraisal of the policy and the implications for social workers.

Introduction

This article will offer an overview of the mental health policy: Sharing the Vision- A Mental Health Policy for Everyone. The author will refer to policy's overarching framework with four domains and highlights a number of the specific high-level outcomes or recommendations within each of these domains. The author will also offer a critical appraisal of the policy and some implications for social workers.

Mental health policy has developed significantly since the 1960s from an institutional model to a more community orientated one. Brendan Kelly states that even before the much lauded previous national mental health policy ' A Vision for Change' (AVFC) which was published in 2006, there was already a commitment to community mental health care, dating from 'The Psychiatric Services: Planning for the Future' (1984) and also before that the 1967 'Commission of Enquiry on Mental Illness,' which recommended "radical and widespread changes", moving away from "barrack-like structures characterised by large wards, gloomy corridors and stone stairways" and towards the provision of community care. As a result, well before the mental health policy A Vision for Change was published in 2006, there was a strong emphasis on community care, at least in certain parts of the country, as reflected in the reduction of the number of "mentally ill" persons in institutions from 18,188 in 1966 to 4,522 in 2000.'

While AVFC brought many positives to how mental health services are delivered, particularly in terms of its emphasis on; a person- centred service, a recovery approach that focuses on service users strengths and a commitment to establishing fully multidisciplinary community teams. None the less, it was hampered in achieving its recommendations, partly due to economic recession from 2008 and the organisational culture that existed up to this time in which dominant professions arguably sought to maintain the status quo. For example, the important role of team co-ordinator role, which would have co-ordinated the triaging of referrals, ensuring effective communication with primary care teams and helped to ensure effective team governance and accountability, was never established as envisioned by AVFC.

Nonetheless, the new mental health policy 'Sharing the Vision: A Mental Health Policy for

Everyone' has built upon the many positive recommendations within AVFC and this is demonstrated by the fact that Sharing the Vision states that it is a 'refreshing' of the mental health policy AVFC.

The process to review and update AVFC commenced with the commissioning in February 2017 of an Expert Evidence Review by the Work Research Centre (WRC) to inform the parameters of the planned refresh of mental health policy in Ireland. The approach encompassed a stock-take of recent success in mental health and a review of international developments, innovation, evidence, and good practice. The key priorities that emerged out of the review were: The prioritisation of mental health in Ireland as a major societal issue, the importance of primary prevention and positive mental health, a requirement to focus on social inclusion and recovery, the expansion of mental health services to address the spectrum of conditions and needs and to the development of governance and financing to include research, evaluation and quality assurance.

As part of the Refresh process, and in line with a commitment given in Dáil Éireann, an Oversight Group was established in October 2017 to provide a report to the Department of Health setting out current and future service priorities for consideration by government in the development of a successor policy to AVFC. The policy focus was to develop a broad-based, whole- system mental health policy for all the population that aligns closely with the main provisions of Sláintecare.

Controversially, the membership of the oversight group, included representation from service users and advocacy groups but only included the representation of one professional group, the medical profession. While all stakeholders were invited to contribute to the process, the real decision making excluded most of the professional groups who work within the mental health service.

The Oversight Group proposed developing an overarching framework containing four domains and identified a number of specific high-level outcomes or recommendations within each of the four domains, which included the following:

- Domain 1 Promotion, Prevention and Early Intervention.
- Domain 2 Service Access, Co-ordination, and Continuity of Care.
- Domain 3 Social Inclusion.
- Domain 4 Accountability and Continuous Improvement.

(Domain 1) Promotion, Prevention and Early Intervention

The first domain highlights the actions included in A Vision for Change on protective factors for improving the population's wellbeing and quality of life and the importance of prevention and early intervention where mental health difficulties arise. Building on this concept, Sharing the Vision states that mental health promotion operates on three different levels:

1. Strengthening individuals and improving their emotional resilience

2. Strengthening communities and improving social capital through increased participation

3. Reducing structural barriers to good mental health through initiatives that reduce discrimination and inequalities

Social workers will welcome the fact that this new policy states clearly that promoting mental health and well-being for the whole population involves addressing the social factors, for example, income, employment, housing, which are outside the direct control of the health services, and that foster positive mental health, and the development of resilience.

There is an emphasis in this domain on the development of a National Mental Health Promotion Plan which will provide a framework for all mental health promotion work in Ireland. Sharing the Vision recommends oversight of this plan through the existing Healthy Ireland implementation structures, in addition to appropriate resourcing. The policy calls for a strengthening of the capacity of communities to foster mental health. Sharing the Vision specifically recommends that "new and existing community development programmes, which promote social inclusion, engagement and community connectedness should be appropriately resourced and developed. Other components of this domain provide ample opportunity to improve the mental health outcomes of Ireland's population, including recommendations on:

- Addressing the many varied determinants that affect positive mental health and well-being.
- The need to promote mental health and build resilience at all stages in the life cycle.
- Targeted mental health promotion and prevention actions that recognise the distinct needs of priority groups, including for example people from ethnic minority groups.
- Implementation of the Wellbeing Framework for schools and centres for education in order to promote mental health and well-being among students and the development of a protocol between schools, mental health services and other key stakeholders to facilitate referrals and signposting to services.
- Developing actions to enhance the mental health outcomes of the working-age population.
- Expansion of stigma reduction campaigns.
- Greater focus on mental health in public health promotion activities.
- The potential of e-mental health supports in promoting mental health and well-being.
- A commitment to develop and implement a range of actions to achieve the goals of the National Positive Ageing Strategy for the mental health of older people.

(Domain 2) Service Access, Coordination and Continuity of Care

This second domain has particular importance for social workers working in adult and child specialist mental health services. The focus of this domain is to ensure that people who use mental health services and their families, carers, and supporters (FCS) have timely access to evidence-informed supports. Sharing the Vision sets out core components for mental health delivery, much of which is carried through from A Vision for Change, including that services be:

- Recovery-oriented.
- Trauma-informed.
- Based on lived experience and individual need.
- Clinically effective.
- Delivered in adherence to statutory requirements.
- Based on an integrated multi-disciplinary approach.

The renewed focus on partnership and recovery in care, which underpinned AVFC, seeks to ensure that individuals and families, carers, supporters are central in the design, development and delivery of services and take a lead role in recovery planning. Sharing the Vision places a significant emphasis on a stepped care approach which “enables an individual to avail of a range of services and supports, as close to home as possible, at the level of complexity that best meets their need and circumstances”. This approach relies on effective integration between services at all levels of the system (primary, community, acute, specialist) and across all sectors (public, private and community and voluntary). This, of course, will require clear referral pathways between the various services and supports. Arguably, social workers with our systems perspective and our skills in networking with other agencies, are well placed to play an important role in facilitating these recommendations.

There are radical proposals contained within this section of the policy, with one of the most significant being the recommendations related to dual diagnosis care, (meaning a person has both an addiction and mental health difficulty). AVFC had recommended that specialist mental health services should only prioritise individuals ‘whose primary difficulty is mental health’ and this had led to difficulties for some people with a dual diagnosis in accessing integrated care. In Sharing the Vision, this recommendation has been changed, and individuals with co-existing mental health difficulties and addiction to either alcohol or drugs will be facilitated in accessing mental health services. If services are not appropriately resourced to meet such need, there will be a risk that community mental health adult teams may become overwhelmed by this new vulnerable group and those patients with severe and enduring mental health difficulties who are less likely to demand assistance may be neglected.

This domain recommends an enhanced role for the voluntary community sector (VCS) and argues that they are key partners in the design and delivery of mental health services. Sharing the Vision sets out that where VCS groups are “providing services aligned to the outcomes in this policy, operational governance and funding models should be secure and sustainable”. The policy envisages an increased role for the primary care sector, in line with Sláintecare, which, must be appropriately resourced and with appropriate governance, so as to provide a comprehensive range of interventions. Enhanced capacity and the scaling up of access to supports in primary care in areas such autism, Attention Deficit Hyperactivity Disorder (ADHD) and addiction is specifically referenced and has the potential to reduce demand on specialist mental health services and ensure that individuals are able to have their needs met at the appropriate level.

Other important aspects of this domain include

- A stepped care approach and integration of services, to ensure people have their needs met at the appropriate level.
- Physical environments for mental health services that are accessible, modern, fit for purpose and conducive to recovery.
- Progression of shared governance arrangements and the full implementation of Team Coordinators to promote the efficient coordination of care for individuals attending community mental health teams and effective communication between partner agencies.
- Additional day hospitals, home-based care teams, assertive outreach teams and crisis resolution teams.
- Provision of out-of-hours crisis cafés & tele-psychiatry models.
- Development of Mental Health and Intellectual Disability (MHID) Teams and the

adoption and national roll out of an MHID model of care.

- Reconfiguration of older people mental health services to enhance accessibility.
- Investment in and implementation of the HSE Mental Health Clinical Care Programmes
- Equal access to mental health services and supports for people in direct provision and refugees arriving under the Irish refugee protection programme.
- Ongoing resourcing of and support for diversion schemes where individuals with mental health difficulties are diverted from the criminal justice system at the earliest possible stage and have their needs met within community and/or non-forensic mental health settings.
- In relation to Child and Adolescent Mental Health Service (CAMHS), sharing the Vision recommends that 'appropriate supports should be provided for on an interim basis to service users transitioning from CAMHS to General Adult Mental Health Service (GAMHS). The age of transition should be moved from 18 to 25, and future supports should reflect this.'

(Domain 3) Social Inclusion

The third domain seeks to enhance the social inclusion of people with severe and enduring mental health difficulties and improve their outcomes in areas such as housing, employment, income, and education. Sharing the Vision recognises that the episodic nature of mental health difficulties can lead to challenges for individuals in entering and remaining in work, sustaining a home, or securing sufficient income, where the necessary supports are not provided. The overarching aim of this domain is to enable people with mental health difficulties and their family, carers, supporters to "feel connected and valued in their community", which can lend to the promotion of recovery among individuals and families.

In line with AVFC and more recent international human rights standards, including the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD), Sharing the Vision reinforces the principle of equality. People with disabilities, including mental health disabilities should have equal rights across all domains of society and actions to promote their full inclusion and participation should be prioritised, including access to education, health, employment, and social protection. Social workers will welcome these recommendations, but the Irish Association of Social Workers special interest group in adult mental health has expressed concerns that these recommendations are 'very scant on specific details.'

This domain also includes commitments that were advocated for by Mental Health Reform in their submission on reviewing AVFC, for a sustainable funding stream to continue the Individual Placement Support (IPS) approach to supporting people with severe and enduring mental health difficulties into employment. The IPS approach is internationally evidence based and has proven effective in improving employment outcomes for individuals, often to a far greater extent than more traditional employment support models, and in securing sustainable, competitive work that is based on the person's interests.

The policy addresses the episodic nature of mental health difficulties and recommends the need for a flexible benefits system that facilitates people to fall in and out of work. The Irish Association of Social Workers have been advocating for this for some time, because they are aware that the fear of relapse has been a significant factor in service users not seeking full time employment for fear of losing their disability allowance payment.

(Domain 4) Accountability and Continuous Improvement

The fourth domain “focuses on the organisational processes needed to implement and track delivery of the reforms proposed within the Sharing the Vision policy, with an emphasis on innovation and continuous improvement”. It identifies fundamental issues such as accountability and continuous improvement, stating the need to build a more accountable and transparent health service. The policy also states that there is a need to maximise integration across care groups. Mental health services cannot remain a separate service within a larger structure where integration is not delivered. The model for delivery of care proposed is that mental health services should align to existing and emerging health structures to enable the provision of community health and social care services across primary care, social care, mental health, and health and wellbeing in a more coordinated and integrated way. Consequently, Mental Health Services will fully participate in the Sláintecare programme reforms and be at the centre of the new structures of healthcare delivery. Effective organisational structures are essential to deliver integrated mental health services and to bring about the reform and implementation of the associated recommendations proposed in this revised policy. However, it might be fair to say that governance was one of the Achilles heel of AVFC, with the national HSE Implementation of Team Co-ordinators Steering Committee floundering to reach any consensus on the important role of team co-ordinator which would have been the lynch pin in ensuring integration between primary care teams and community mental health teams. The representatives of the various professional groupings along with the administration representatives struggled with the notion that reporting relationships would need to change for this role to be effective. Unfortunately, without consensus on the role and reporting relationships of the team co-ordinator, the working committee was disbanded. This clearly does not augur well for the recommendations of Sharing the Vision in terms of achieving accountability and effective governance.

Other aspects of this domain, including a renewed focus on the complaints process for people accessing mental health services, which will likely lead to service improvement. The policy recommends that ‘information on the process of making a complaint, including necessary contact details, should be visible, accessible and widely available in a variety of media, languages and formats for maximum accessibility in all mental health service settings and in other fora.’

The policy also places a greater focus on patient safety, the safeguarding of vulnerable adults, in line with existing standards and the capacity legislation which seeks to support people in their own decision-making, especially with respect to their mental health care. The safeguarding of vulnerable adults will be an area that social workers with their relevant professional training, will be well placed to show leadership. While training and resources will be important, it will arguably be the leadership among social workers that will most likely lead to the effective implementation of the national safeguarding policy. Best evidenced based practice should dictate the position of social workers and the social work profession. Protecting vulnerable adults requires effective team working and inter agency working and agreed care and protection plans. Arguably stand- alone safeguarding teams may struggle to achieve this while skilled social workers embedded within multidisciplinary teams may be better placed to influence the safeguarding culture of the team and achieve better outcomes for vulnerable adults.

Finally, social workers will welcome the recommendation, that over the next ten years, the implementation of the policy should achieve a re-balancing of resources and take account of the population deprivation patterns in the planning and delivery of mental health services in order to meet the emerging need. One can only hope that the resourcing of teams and the disciplines most needed, will reflect this change in terms of resource allocation.

Despite broad based support for the aspirations set out in A Vision for Change, one of its greatest criticisms has been its lack of implementation, which remains incomplete and uneven, even after 15 years from its publication. Sharing the Vision addresses this, by recommending the development of effective management structures at all levels of the mental health system, and these include:

- Establish a National Implementation and Monitoring Committee to oversee implementation of the policy and monitor progress at national level and strategically across the HSE.
- Establish a dedicated HSE structure to assist the Committee in driving implementation of the policy.
- Develop a detailed implementation plan to ensure delivery of all recommendations within the policy. Each recommendation with have an assigned lead with overall responsibility, in addition to identified outputs, outcomes and indicators to measure performance.

Mental Health Reform representatives stated during a recent online consultation regarding 'Sharing the Vision' that while the short-term recommendations of Sharing the Vision have already been costed, the medium and long-term recommendations have not. They have argued that it is imperative that there are clear funding commitments for the implementation of the new policy, and they are advocating for the establishment of a permanent Oireachtas Committee on Mental Health to ensure effective oversight and accountability of mental health service reform at the political level.

Conclusion

Overall, the Sharing the Vision policy does provide the potential to improve Ireland's mental health system, but this will require action on the part of Government to establish the policy's Implementation and Monitoring Committee so that momentum is not lost. It will need the buy in and leadership of senior managers within the HSE to drive these reforms, as well as the ongoing political support, especially in terms of providing the required funding.

Social workers working within adult and child mental health services but also within primary care and addiction services may face the challenge of making their voices heard as they are not part of the Oversight Group and are already marginalized within key decision making governance groups within primary care and mental health services. But if social workers are to contribute effectively to developing quality mental health services and ensuring the best outcomes for children and adults, they will also need to show leadership and flexibility in terms of both their role and in their reporting relationships.

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THE INTRODUCTION OF ATTACHMENT PLAY IN CHILD AND FAMILY SOCIAL WORK; OPTIMISING CONNECTION, EMOTIONAL RELEASE AND SUPPORTING CHALLENGING BEHAVIOUR

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Dr Lisa O'Reilly is a Guardian ad Litem. She has over eighteen years' experience working with children and families. Lisa is the director of Gallore Child and Family Services. Her experience and practice include child protection social work, foster care, play therapy, training development and delivery, attachment research and parenting support. Lisa has been practicing as a Guardian ad Litem since January 2016. Her primary practice at present is representing the voices of children in the court, advocating for their rights and best interests. Lisa's practice is guided and driven by children's rights and needs to develop within the context of a secure attachment relationship. Through extensive and ongoing research Lisa's values and practice is rooted in respectful and age-appropriate communication with children, that moves beyond traditional beliefs and ways of engaging with children. Lisa is a leading specialist in the areas of the voice of the child, play-based engagement with children, emotional release, and attachment theory. Lisa has contributed greatly to the development of these areas internationally by engaging in research and publishing in peer-reviewed journals. Lisa is studying psychology at present and continues to engage in further research to optimise the child-caregiver relationship. Lisa remains committed to this area, given its significance in child development and positive child and adult mental wellbeing. Email: Lisa@gallore.ie.

Abstract

This article is grounded on a practise-based study developed for frontline child and family practitioners working within TUSLA, Child and Family Agency in Ireland to support caregivers in their engagement with children. The intent of this support was to tap into/introduce caregivers to skills/abilities they possess instinctively to engage with children. The study highlights the importance of playful engagement when connecting with children and supporting them with challenging behaviours. Attachment Play was introduced in supporting foster carers and parents in their everyday interactions with children. This paper shows how parents and foster carers can play with their children to build connection and to work through challenging behaviours in a manner that is respectful of the child's age and stage of development. The term 'caregiver' will be used to represent parents and foster carers. The author is an independent social worker, play therapist, attachment specialist, researcher, and guardian ad litem, with expert knowledge in play when communicating with children. The child will be referred to as 'she' to provide consistency throughout the article.

Keywords

Attachment Play, Challenging Behaviour, playful engagement.

Introduction

The Child and Family Agency (CFA) frontline practitioners supporting children and families are referred to as social workers, social-care leaders, and family-support workers. These professionals operate together or independently to protect and support children in Ireland. Attachment theory is the key theory that guides frontline child and family practice.

Attachment theory examines the importance of a child's relationship with her primary caregiver. John Bowlby (1969), the pioneer of attachment theory, describes how this relationship is integral to ensuring a child's safety, survival, and positive mental health. Fahlberg (1981) states that positive experiences within a child's relationship with her primary caregiver is of vital importance to ensure that she has every opportunity to reach her full potential. TUSLA's mission statement is to ensure that every child is safe and has the opportunity to reach her full potential.

Howe (2011) encourages caregivers to recognise and enhance children's 'positive' states as well as 'negative' states. He highlights how play between a caregiver and child gives powerful boosts to the child's attachment security. The positive emotions help the brain deal with stress and create robust neurological structures that promote children's ability to think about their feelings and regulate affect (Schore, 2001). Concurrently, the fear and hurt of a child's past experiences that can be released through tears and tantrums also boost connection to the listening adult and helps the child heal from these experiences (Solter, 1998).

Play is an important part of communicating and is primarily nonverbal, it is a language quite different to verbal language. Play allows children to play out experiences, thoughts, and feelings in an age-appropriate manner. Play between children and adults is a powerful way to engage and build connection (Cohen, 2009: O'Reilly, 2020).

Attachment Play

Attachment Play (AP) is based on attachment theory and play-therapy principles and practices (Solter, 2013). AP is a powerful tool that can be used daily to meet a child's emotional and behavioural needs. It is particularly palpable in moments where challenging behaviours result in distress and power struggles, and the child is inevitably 'powered-over'. AP aims to support a child's learning and emotional development by adopting a positive-discipline approach that teaches rather than punishes (Solter, 2013). AP is a paradigm that can be embraced by any adult to enrich a relationship with a child. AP has the benefit of providing a therapeutic experience for children, which non-therapists can learn to use. For children 'to play out' feelings and experiences is the most natural self-healing process they can engage in (Landreth, 2002).

AP is a term coined by Dr Aletha Solter, Developmental Psychologist to describe a type of therapeutic play that supports both connection and the release of painful feelings through laughter and play. This form of engagement can bring greater regulation in behaviour and healing from past hurts and trauma. Many caregivers engage in AP with their child/ren naturally and instinctively; however, they may not recognise how this benefits the child's development. Solter describes how AP involves laughter and enjoyment by both caregiver and child. Laughter reduces frustration, fear, anxiety, and anger. Children often have their own ideas for play and caregivers can introduce activities to resolve specific discipline problems or help children through difficult times, e.g. peekaboo/hide and seek can support separation issues (Solter, 2013).

AP can take place anytime or anywhere and does not require any special equipment (Solter, 2013). The basic approach is to introduce a game or activity and follow the laughter and enjoyment of the child. Within the AP experience, challenging emotions are often expressed. The caregiver is advised not to punish, shame, or restrict the expression, but to become further connected to the child and listen to feelings. The simple tenet is ‘no to the behaviour, yes to the feelings’ (Siegal and Payne Bryson, 2015). Solter (1998) encourages caregivers to listen to the crying and raging until the child comes to a natural completion and becomes calm.

Solter recommends the gentle use of phrases such as, ‘I am here, and I am listening’. The child will test limits and release pent-up emotions when they feel a sense of trust in the caregiver. Negative emotions should be valued and allowed their full expression without distraction or shaming. AP is not permissive discipline, and it helps to set limits in the relationship and resolves common issues. A child-centred way to address a limit is a simple tool called the ACT model (Landreth, 2005):

- **A:** Acknowledge the feeling, e.g. I can see that you are upset right now.
- **C**: Communicate the limit, e.g. I am not for hitting.
- **T:** Target an alternative, e.g. you can hit this pillow if you feel like hitting.

Nine Types of Attachment Play

1. Child-lead play is the best way to become acquainted with a child. This approach is considered to be the most respectful way to build relationships and engage with children in social work and counselling services (Landreth, 2002; Koprowska, 2010, Winter, 2011 and O’Reilly, 2013;2020). The child chooses how she will use the time and leads the play. The adult joins in the play if invited to do so (Landreth, 2002). The following key skills (Landreth, 2002) are recommended to optimise the non-directive process:

- Name what the child is doing, e.g. you decided to play with that; you decided to build something.
- Reflect feelings observed: e.g. you look happy about that; you seem cross right now.
- Notice effort and achievements: name what the child has done, e.g. you built that the way you wanted to.
- Match the child’s tone and intensity: If child is excited, it is appropriate to respond in an excitable manner and if child is quiet a whisper may be appropriate.
- Respond at a consistent rate that feels natural and comfortable in that moment.

2. Symbolic play: play with specific props or themes is very effective for helping children to heal from trauma. It involves a more directive role, offering a specific toy or play theme, e.g. play with toy dogs to overcome a fear of dogs. Very useful for behavioural issues, such as toilet training, sibling rivalry or lack of cooperation (Solter, 2013).

3. Contingency play: involves any activity where the adult’s behaviour is predictably repeated and is contingent on the child’s behaviour. This is a great way to establish a connection, e.g. child may throw doll on the ground – adult will then say ‘ouch’. Child will laugh if enjoying activity and repeat it over and over. Piggyback rides that follow the child’s nonverbal instruction (Solter, 2013).

4. Nonsense play: any activity in which a child may act silly and make obvious mistakes or playfully exaggerate emotions or conflicts. This only qualifies as AP when it involves both child-caregiver interaction. The exaggeration play can resolve discipline issues by exaggerating conflicts to the point of becoming ridiculous, e.g. the child will not take a bath – caregiver can pretend to be a bulldozer going to dig all the dirt off (Solter, 2013)

5. Separation games: short visual and spatial separation occurs between caregiver and child, e.g. peekaboo, hide-and-seek. Babies from six to eighteen months love these games as the stress released through laughter helps the child deal with separation anxiety. The important element is the moment of visual and physical reconnection (Solter, 2013).

6. Power-reversal games: the adult plays the role of being frightened or weak, clumsy, or angry. An example of this is a pillow fight where the adult pretends that the child has knocked him or her over. The laughter during this play is therapeutic as it releases tension and anxiety resulting from feelings of powerlessness. This play can also support healing from adult-imposed trauma, such as abuse (Solter, 2013; O'Reilly 2020).

7. Regression games: the child engages in activities that would normally be done with a younger child. These games are important for both connection and healing. If the child initiates regression games, engage her in this manner – lullabies, wrapping in blanket, offer bottles, play with toes, etc. Very important around birth of siblings. Recommended for adoptive parents, foster carers or during periods of family stress if caregivers have little time available to children (Solter 2013; O'Reilly, 2020).

8. Activities with body contact: encouraging physical contact while respecting child's boundaries enhances connection. The mutual enjoyment of playing and touching is powerful in strengthening attachment and bonding. Play has the power to repair the damage of traumatic separations. Connecting physically through play creates feelings of self-worth, safety and belonging for children (Solter, 2020).

9. Cooperative games and activities can help strengthen connection. Children often enjoy telling cooperative stories or building block towers with adults. Opportunities for connection without the threat of losing. Everyone works towards a common goal and no-one loses. An example of cooperative games include many children working together to keep balloons in air or sharing chairs in musical chairs (Solter, 2013).

Method

Social workers have an ethical responsibility to conduct their practise in a competent and accountable manner. Prior to collecting data, ethical approval was obtained from the ethical committee in the CFA Research Department. The practitioners, foster carers and birth parents gave their consent to participate in the study. For ethical reasons names of research participants have been changed to protect their identity

This training on AP and the data collection was carried out with four different teams of practitioners across Ireland. The research department designated a research consultant for the author to consult throughout the research. The study commenced in 2015 and Table 1 outlines the participants area of practice:

Table 1: Area of Practice

	Area of Practice	Numbers of Practitioners
1.	Children in foster care	9
2.	Duty/intake child protection	5
3.	Long-term child protection	11
4.	Support to foster carers	6
5.	Family-support workers	8
6.	Social-care leaders	7

Before the training, participants filled out evaluation forms in relation to their expectations. After the training participants used AP on the frontline over sixteen-weeks. They recorded their experiences on a form to say how they applied AP in their practice.

Results and Discussion

In this section, the results will be presented using three case vignettes. Each vignette will be followed by a discussion. The first vignette presents the experience of a family-support worker using AP; the second vignette presents the experience of a foster carer using AP; the third vignette describes how AP was used by a child-protection social worker.

1. AP in Family Support

The family-support worker described how she had been working with a single-parent named Cara. Cara was twenty years old, and she had no external support network. Cara suffered depression and had contacted the family-support service for help in parenting her two-year-old daughter Chloe, after separating from her father.

The family-support worker shared how she met with Cara weekly. Cara attended groups in the Family Resource Centre, where she got to know other mothers and Chloe got to meet other children. Their circumstances appeared to improve; however, concerns remained high in relation to Chloe's speech, comprehension, lack of interaction and her emotional affect.

The family-support worker planned six sessions in Cara's home to focus on AP between Cara and Chloe. Cara was open to this and said she felt 'silly when playing with Chloe' and she thought that Chloe had better fun watching the television.

During sessions one, two, three and six they focused on child-led play. During the first three sessions, Cara was relieved to learn that there was a way to engage with her child that did not require play ideas from her. She was amazed to learn that Chloe had play ideas at her young age, and by following her lead, Cara could support Chloe's development in many ways. The support worker encouraged Cara to:

- Aim for 20/30 minutes of child-led play daily.
- Tell Chloe she is the 'boss of play' and Mammy is the 'boss of safety'
- Name what Chloe is doing at a natural pace, e.g. 'want to play with this today'; looks like you have a plan'.
- Name feelings as they occur e.g. 'looks like you're happy with that'; 'you're fed-up with that'; looks like you're feeling very angry right now'.

The purpose of child-led play is multi-layered: It gives the caregiver who feels 'silly' playing an easier way to engage with the child by observing, enjoying, and learning from the child. The child gets to feel a sense of power by leading the play, and experiences connection through the caregiver's presence and attention. This mutual pleasure increases bonding and supports the child and caregiver's connection to each other. Connection is crucial to a child's ongoing development and the expression of painful feelings or disconnection (O'Reilly, 2020). Connection helps with the caregiver–child co-regulation of emotional states. It is this co-regulation with the caregiver that is required for the child to regulate her emotions. It is both healing and preventative for further off-track behaviour.

The vignette describes how Cara had some of her needs met when meeting other parents.

Chloe's communication was delayed, and Cara did not understand the importance of her engagement with her child. AP supported healing and provided nurture that was needed in their relationship. The training supported Cara to play and be with her child in a way that was comfortable to her. Parents often need support to reignite play skills that may be forgotten since childhood or perhaps never developed due to experiences of neglect. This is a common observation in frontline practice with children and families and play has the potential to transform the lives of vulnerable children and parents.

In sessions four and five, participant one shared with Cara the other eight types of AP that can be initiated by the child or the adult (Solter, 2013). Cara liked the idea of symbolic play, which can involve playful engagement using the child's toys. Cara said she felt very emotional when she saw Chloe laugh heartily, when she put on a baby voice and pretended to talk for her doll. Cara recalled how she also used to love this type of play as a child – she had completely forgotten.

2. Using AP in Foster Care Social Work

This vignette presents the experience of a social worker who used AP to support the foster placement of a thirteen-year-old girl. The social worker described how the foster carer was finding it difficult to cope with Sara's 'defiant behaviours', 'aggression' and 'poor hygiene'.

The social worker described how the foster carer really connected with the three concepts of AP: power reversal play; nonsense play and regressive play. The social worker introduced the foster carer Mary to AP at a crisis point in Sara's placement. Sara had been placed with Mary and her husband, John, for nine months and Mary expressed the following concerns:

- Sara just wants to spend time in her bedroom.
- Sara will not wash or shower.
- Sara has severe acne and will not apply lotions and creams.
- Sara talks to her teddies and dolls in her bedroom.
- Sara is very aggressive and pushes me away.

The social worker did six-sessions with Mary around using AP with Sara to:

- Engage in an age-appropriate way.
- Connect.
- Have fun.
- Listen to feelings.
- Remove power struggles from the relationship.

After the sessions, Mary's first thought was to introduce this new way of communicating with Sara by using the dolls and teddies that she regularly spoke to. Mary knocked on Sara's door and asked if she could join her. She sat beside Sara on the bed and told her she had a story to share with her. Mary said that she was in the house today and she could hear all Sara's teddies and dolls whispering about how much they wanted to go swimming and they thought they might do it in the bath. Sara laughed in shock at this unusual conversation and told her to 'stop being ridiculous'. Mary then, in a hushed voice, encouraged her to 'listen'. Mary picked up a doll and a teddy and commenced a conversation between them. The doll started to talk to the teddy about how much she wanted to go swimming in the bath and the teddy kept responding 'I hate baths and I don't need them' in a very frustrated voice. The doll responded in a gentle voice 'but I like to play and splash in the bath while I get clean and fresh'.

Mary then turned to Sara and asked her what she thought could help with this tricky situation. Sara was laughing and said ‘I have an idea. I’ll take dolly for a bath and teddy can watch us at the side until he is ready to go in himself’. Mary agreed that this was an idea and asked her ‘What way does dolly like the bath’. Sara asked for bubbles and then decided to bring in all her dolls. Sara said she would bring in all the teddies and decide later how to clean them. Mary made gentle reflections, such as ‘you are deciding how they will be cleaned, and you want to make a plan that suits them’. Sara eagerly agreed with her. Mary told Sara she was the boss of games and play. She also told her she was the boss of her own body and she could tell her what she needed at any time.

This brief example of AP helped remove a major barrier to Sara’s self-care. Sara desperately needed a fun connection with her caregiver, and she needed to be given choices and more control around decisions about her body. Mary reflected that she had always been ‘nagging’ at Sara to take a shower and how this was deepening Sara’s negative self-concept. Mary pointed out how the laughter and the removal of the power struggle supported Sara to make her own choices about hygiene and to realise how much she enjoyed bathing.

The caregiver described how she started to play games with Sara that were like play with a young infant. She outlined her surprise when Sara responded to play ‘This little piggy went to the market’ with her toes. Sara seemed to enjoy the touch element that this involved, and she laughed heartily as they played. It is likely that this laughter indicated that Sara had had past experiences in which she had not had those needs fully met; the laughter helped her release those painful feelings and helped her connect with a caring adult.

We can see from the caregiver’s own ideas of using the dolls to engage playfully with a challenging behaviour that, with a little extra thought, caregivers can turn relationships around. This was an ongoing issue in the family and with a playful approach to break the tension, Sara was supported to care for her hygiene. Mary did not require much training in these approaches, and she was able to have more fun, listen to Sara’s feelings and address problem behaviour in an easy and accessible way.

It is also evident that play of this kind can elicit laughter, and AP theory asserts that laughter is one of the fundamental healing strategies in humans, and in young children especially. Tension is released, connections are strengthened, and painful past feelings come up and are laughed away (Solter, 2013; Cohen, 2009).

Regression play can be important for children in foster care, who often have unmet needs from earlier stages in their lives. Cradling an older child like a baby, playing baby games, like the example above of ‘this little piggy’, can be very helpful in supporting children to regulate challenging behaviour. Seemingly paradoxical, allowing and encouraging regressive play can help the child move past that developmental stage in a playful and therapeutic way (O’Reilly, 2020).

Power-reversal games can be incredibly helpful at shifting the typical dynamic of adults and children, where adults hold more control and power over children. Even in the more balanced caregiver–child relationships, there will be inevitable feelings of powerlessness in children. Caregivers using AP to adopt the less-powerful position gives children a sense of autonomy and agency, which acts as a balm for times when they have felt disempowered. It is designed to deliver outcomes of more cooperation, connection, and fun by helping children let go of feelings of powerlessness through laughter (O'Reilly, 2020).

Note: tickling is not an advisable to elicit laughter, it can be confusing for children because it is, by design, disempowering. Additionally, the physical sensations can be confusing for children because they are in part enjoyable and part unenjoyable.

3. AP in Child Protection

This vignette presents the experience of a social-care leader who used AP to promote cooperative behaviour between a father and his three sons. In addition, the participant introduced AP to support a major healing process between the mother and her three sons. Carol, the mother, had spent long periods away from the family home due to bouts of mental-health issues, which involved inpatient treatment. Brian, the father, was desperate for Carol to learn how much her children needed her and loved her. Callum was seven years old; Stewart was five years old and Ethan was three years old.

Carol and Brian were intrigued and enthusiastic about playing with their children to build connection and illicit cooperation. Carol outlined that she struggled with the general pressure to 'give consequences and punish bad behaviour'. Brian was feeling guilty for 'giving out to the boys all the time'. He admitted to shouting, bribing, and threatening them with consequences to try to get them to cooperate. Brian described a lot of 'chaos and stress' getting the boys to bed at night and out to creche and school in the mornings. He stated that his only way of managing was to have the television on and to distract them.

The social-care leader encouraged the caregivers to look at following the children's lead and in play to support their development and increase their connection. Both caregivers started with the goal of playing with each of their children on their own for 30 minutes every week. This meant each child had 30-minutes of special play time with their mother and 30 minutes of special play time with their father every week. The children were assured they were 'the boss of the play' and the 'caregiver was the boss of safety' if the need arose.

Carol connected with the principles and rationale for the child-led play sessions. She said she desperately needed her children to experience this connection and time with her based on the periods of separation. She acknowledged how guilty she felt not being able to explain to them properly why she had to leave them at times. Carol was aware that even when she was with her children, she was not always present and connected to them. Brian supported Carol having this time with her boys, and she committed to it as best she could. Carol informed her social-care worker that the play time improved her bond with each of her children. She also said that she felt very reassured to learn and to see how valuable this play time is to her and her children. With her own triggers and challenges, she found this to be achievable and a very good way for her to have some fun.

Brian described how he enjoyed and how easy he found it to engage in nonsense play. He said he paid more attention to their favourite characters and he pretended to be them if he was struggling to get them to cooperate with their routine. Brian gave examples of the morning routine and bedtime to describe how nonsense play helped him with these crucial times in their day. Brian found that morning times were very stressful, getting the boys dressed and getting them into the car. He said he was amazed to see how cooperative the children became when he became playful. Brian decided on a character that the boys liked, and he labelled himself ‘Super-Daddy’. He tied on a red blanket on as a cape and ran around the house being a super-hero that was messing up all the time.

Brian described how the boys roared with laughter when they saw him that first morning. He told them all to catch some ‘magic dust’ if they wanted some ‘super magic’ to get dressed quickly and join him downstairs for a ‘Super-Daddy Super Breakfast’. Brian shared that he could not believe how these simple playful actions and words started their morning with laughter and fun. He said each of his boys instantly engaged in the play and were convinced they caught the magic dust that helped them get dressed quickly. Brian described his surprise at how cooperative the boys became with the morning routine. He noticed he was shouting less, and the children were not being powered over by him.

This vignette describes issues that regularly manifest in family relationships: adults’ discomfort in engaging with play; stress and tension from everyday essential activities, like bedtime and school mornings, as well as specific challenges of a mother recovering from absence, and a sense of disconnection. AP is a developmentally appropriate way to support children and families in addressing these challenges.

Conclusion

AP moves us beyond traditional styles of parenting that interpret children’s behaviour as ‘bad’ or ‘good’, with bad behaviour needing to be disciplined and good behaviour needing to be taught or rewarded. Instead, AP addresses the painful emotions underneath challenging behaviour. It asserts that children have inbuilt healing mechanisms through laughter and tears/ tantrums. AP supports this healing by generating laughter that is directly connected to the original hurt. In AP, the message is to ‘follow the laughter’. Caregivers and adults involved in the lives of children do not need to know what the original hurt was to engage in this kind of therapeutic play. However, insights and indicators may well be revealed about the painful feelings from the past because, as children play.

This research presents caregivers with a new paradigm and narrative for challenging behaviours and emotional outpours. In addition, caregivers were reintroduced to innate skills to connect with children in a manner that optimises their development and emotional expression. This paper demonstrates how caregivers do not need to be experts in play-based engagement with children to use AP to connect with and support their child.

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DELIVERING THE STRENGTHENING FAMILIES PROGRAMME: PRACTITIONER'S RESPONSES

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About the author

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Abstract

This article discusses the views of practitioners on their delivery of an evidence-based parenting programme, the Strengthening Families Programme. This qualitative study uses journaling and interviews to examine the practitioner's delivery of the Strengthening Families Programme. It investigates the influence of the complexity of family and parenting on programme delivery. There are many studies evaluating the effectiveness of evidence-based programmes, however very few examine the influence of practitioners' experiences of programme implementation. Evidence based programmes are viewed as an extremely valuable and useful intervention. This research does not contest their value or validity under test settings, rather, it explores how practitioners deliver these interventions in real world settings. Findings from this research show that changes were made to the delivery of every session. Decision-making based on experience and knowledge has emerged as the main factor of influence on practitioners' decision-making.

Keywords

Evidence based parenting programme; strengthening families; practitioner responses; participating families.

Introduction and the context of parenting

There is a growing conversation, particularly in the UK, around the concept of parenting being at a deficit or inadequate in some way (Shildrick et al. 2016). Parenting is also problematised where parents are constructed to be 'unaware' or 'out of touch' (Lee et al. 2010). The neoliberal view on parenting is that there is a monetary cost when parenting fails, and that parenting is a skill which can be learned. Particularly in recent years, the idea of parenting deficits has been of concern for policymakers, and parenting skills are *"methods that must be taught for the public good"* (Gillies, 2005). This view of parenting tends to be oversimplified providing only a very general view of parenting and of the skills required to parent. The author contends that the social, educational and economic contexts within which parenting takes place is being overlooked by the imposition of neoliberalist policies specifically on parenting interventions.

Research about deficit parenting and societal costs in the Irish context is limited. Recent research from the *Growing Up in Ireland Report* (DCYA, 2018) found the prevalence of antisocial behaviour among 13-year-olds was quite low. It found that 17% had *'hit, kicked or punched someone on purpose in order to hurt or injure them, and 14% had not paid the correct fare on a bus or taxi'* (DCYA, 2018). The report found that smoking prevalence was highest among 13-year-olds from more socially and educationally disadvantaged families (DCYA, 2018). The incidence among the same cohort who had consumed an alcoholic drink also correlated with the more socially and educationally disadvantaged families (DCYA, 2018).

Bunting et al. (2017) argue that their study highlighted the multi-complexities within families and how nuanced these complexities are from family to family. They posit that we (as a society) are being offered a simplistic view of complex social problems which *"ignore structural inequality as a contributing factor"* (Bunting et al. 2017). They argue that the use of a deficit approach dismisses the explanations and interpretations given by parents for their situations (Bunting et al. 2017). In their study, they found a number of adversities experienced by parents that included: abuse, domestic abuse, substance misuse, mental health, loss and separation, health, disability, and special needs.

In presenting an uncomplicated, uncontextualized view of parenting the presumption is that all individuals and families are similar and the multifaceted and complex issues experienced by parents are not always taken into consideration. Consequently, the context of parenting tends to be minimalised under neoliberalism, as it positions parenting and parenting deficits as issues that can be fixed by implementing new behaviour techniques. As a result, practitioners in their delivery of parenting programmes are faced with the challenges of applying policy, practice directives, and societal constructs, relating to perceived universal skills and responsibilities, in parenting practice.

Evidence Based Programmes

Evidence-based programmes are introduced by funders and agencies as optimum and preferred interventions (CES 2016, FSA 2013, CFA 2013). An evidence-based programme is a programme which has consistently been shown to produce positive results by independent research studies conducted to a particular degree of scientific quality (Devaney, 2011). It comes in the form of a: *"discrete and organized package of practices, spelled out in guidance – sometimes called a manual or protocol – that explains what should be delivered to whom, when, where and how."* (Axford and Morpeth, 2013).

Evidence-based parenting programmes are a means of supporting parents in a formal capacity, which is underpinned by the basic assumption of a *'parenting skill deficit'* (Barlow and Stewart-Brown, 2000). Parenting programmes have been defined as focused, short-term interventions, which are typically aimed at helping parents to deal with their children's emotional and behavioural development (Barlow et al. 2004). Such evidence-based programmes include: Incredible Years, Parents Plus, Triple P, and the Strengthening Families Programme, etc. Substantial evidence exists that parenting interventions, such as evidence-based programmes can improve parent child relationships and behaviours

(Gardner et al. 2016). The programmes teach parents techniques to manage problem behaviours (Cotter et al. 2013), can reduce antisocial behaviours (Scott, 2005) and lead to improvements in youth outcomes (Sandler et al. 2011).

Evaluations of evidence-based parenting programmes can prove problematic, as they tend to use highly-trained, skilled staff who may be paid by the programme developers to deliver the programme (Scott et al. 2006) and who may not be representative of the individuals who normally deliver the programme (Furlong and McGilloway, 2015). Little evidence exists on the perspectives of practitioners on implementing or delivering such programmes (Aarons and Palinkas 2007, Brady and Redmond 2007). This research engaged practitioners in a study to examine their delivery of the Strengthening Families Programme. Questions and challenges emerge in the study related to how practitioners view these programmes and deliver them in their local context.

In their investigation of six evidence-based parenting programmes, West et al. (2013) found that there were inconsistencies in who and how parents were targeted for particular interventions. They found that programmes were not always delivered as specified, this provided a major focus for this research project. The delivery of these evidence-based programmes is carried out by a variety of practitioners, often not from the training and professional backgrounds of those who have developed the intervention or been involved in its evaluation (Axford and Morpeth 2013, Scott and Dadds 2009).

Practitioner competence in the delivery of programmes is as important as the content delivery (Axford and Morpeth 2013, Cross and West 2011). Practitioners who deliver the Incredible Years Programme are advised of the need to provide responsive implementation so that the content is contextualised for the participants' lives (Webster-Stratton and McCoy, 2015). Consequently, practitioners need to employ different strategies according to the demands of the situation (Scott and Dadds, 2009), drawing upon previous training and personal experience of what has worked when a parent or family is not benefiting from an intervention. However, this practice poses a challenge for evidence-based programmes that are prescribed interventions that do not accommodate programme changes.

Undoubtedly, the role of the practitioner is significant in the delivery of evidence-based parenting programmes, arguably the role has been overlooked beyond fidelity checks. Reid (2001 cited in Gray et al., 2009) informs that there is a tendency for practitioners to alter the reported evidence-based intervention to fit their own practice context. Once again this can pose challenges for researchers of evidence-based programmes, where the veracity of results and programme outcomes can be compromised by practitioners' changes to the programme during delivery. This research specifically examines the factors that influence practitioners' decision-making in their delivery of the Strengthening Families Programme.

Strengthening Families Programme

The Strengthening Families Programme (SFP) is a manualised, evidence-based parenting programme which was developed in the United States of America. The programme has been delivered in Ireland since 2007 and has been promoted as an appropriate support for parents and families (CFA 2016, CFA 2013, Sneddon and Owens, 2012). Research evidence supports the Strengthening Families

Programme and its effectiveness (Fox et al. 2004, Gottfredson et al. 2006, Kumpfer et al. 2010, Molgaard and Spoth 2001, Spoth et al. 2004). Research demonstrates that the programme has been effective in areas of substance abuse and other conduct problems. While the programme was developed in one context and transferred to another, the values and expectations related to family services may differ. An interagency delivery model is used for the delivery of the programme in Ireland. Agencies work together to release staff as facilitators for the implementation of the programme. This research does not dispute the effectivity of the SFP, rather highlights 'what's going on' in the real-world delivery by practitioners of an evidence-based programme. This study provides a new way to examine the practitioners' implementation of evidence-based programmes and the variables of influences on programme delivery.

Research Design

In this study, the practitioners delivering the Strengthening Families Programme at one research site completed online reflective journals. The journal was used to provide primary research data as a precursor to interviews or to follow-up on interview data (Bray 2007, Välimäki et al. 2007). Journal-writing is regarded as an opportunity for reflection and documentation of inner dialogue. The documentation of thoughts helped to track any changes that may occur in beliefs and practice (Shumack, 2010). Information from reflective journals informed the direction of interviews that were later completed with practitioners. Interview data was analysed using Charmaz (2014) guidelines for constructivist grounded theory.

Findings

Reflective journal entries were completed by six practitioners who delivered the Strengthening Families Programme on one site. They completed a journal entry for each night they delivered programme sessions. In total 79 journal entries were received. Each practitioner recorded changes to the delivery of the programme, which included: omitting sections of the prescribed content, changing delivery methods, changing suggested icebreakers and role plays, and omitting discussions.

Findings from the research journals demonstrated that completed sessions of the programme were not delivered absolutely, as prescribed in the Strengthening Families Programme manuals. A change was identified in the delivery of all sessions of the programme. This is an important finding, as it highlights challenges in the delivery of the programme in a 'real-life' context, compared to delivery in test conditions.

The information from the reflective journals guided the design of interviews with practitioners. The interview texts were analysed using Charmaz (2014) guidelines for constructivist grounded theory. The findings emerging form the research provide a contextual explanation for the factors that influenced practitioner decision-making in the context of their delivery of the Strengthening Families Programme. The analysis led to the development of five categories. These were considered to have the highest analytical value and relevance to the research question. The five categories which have emerged from the analysis are:

- Readiness for the Programme.
- Sufficient Cultural and Language Adaptation.
- Interagency Model of Delivery.
- The Prescribed Nature of the Programme.
- The Practitioner and Their Experience

of Delivering the Strengthening Families Programme.

The categories are perceived to be interactive with each other and meaningful only in the context of the total analysis.

For the purposes of this article, only two categories will be reported on; Readiness for the Programme and The Practitioner and Their Experience of Delivering the Strengthening Families Programme.

Discussion

Category: Readiness for the Programme

Theme 1: Practitioner Response to the Diversity of Families

The families and their readiness to engage with the Strengthening Families Programme emerged as a key factor for practitioner consideration when delivering the intervention.

The findings show that practitioners identify families as attending in diverse forms and presenting behaviours. The contextualised lives of families are perceived by practitioners to be at variance with the manualised programme, which is a serious consideration in their delivery of the programme. Additionally, practitioners make reference to families not being ‘ready’ for the programme, which is highlighted as another influencing factor when implementing changes. The issue of ‘readiness’ may highlight the need for training on protocols for recommending families by referring agencies who refer families to programmes, to ensure common understandings about ‘programme readiness’.

The findings highlight that the practitioners perceive differences among the families who attend the Strengthening Families Programme.

“Families are coming in diverse forms and presenting behaviours...” - Practitioner 10

It highlights the variety of families who attend the programme and issues affecting those families, as perceived by the practitioners.

Practitioners identify that the programme doesn’t *‘fit’* (Practitioner 4). They view the diversity among families as a rationale to change the programme. This challenges neoliberalism and the view of ‘standardised intervention’ in relation to the changing context and behaviours of families.

Theme 2: Family Context

Practitioners’ representation of families as *‘out of control’* (Practitioner 1) highlights the lived context of the families who engage with the programme. The practitioners refer to some families that *“need an awful lot more work than what the SFP can deliver”* (Practitioner 1). This again highlights the contextualised lives of the families. It challenges the ideal of standardised and manualised parenting programmes as an optimum intervention, pointing to the diversity of families and the challenge of applying a ‘one size fits all’ mentality to programme design and delivery.

The practitioners highlight a wide range of issues affecting the participating families, issues noted by the practitioners in this study are reflective of adversities such as abuse, domestic abuse, substance misuse, mental health, loss and separation, health, disability, and special needs found by Bunting et al. (2017) in The Troubled Families Programme in the UK.

The contextualised lives of the families engaged in the programme as represented by practitioners, also highlights the role of parenting and competency of parents.

The family context presents as a rationale for change, as identified by practitioners. This practice also echoes Scott and Dadds (2009) who argue that practitioners should use different strategies when a parent or family is not benefiting from an intervention.

Discourse in current Irish child and family policy reports (Government of Ireland 2000, Department of Health and Children 2000, DCYA 2014, CFA 2013) highlight the contextuality of the lives of children and families. Practitioners acknowledge that additional support is required for some families thus highlighting the tension that exists between the standardised and prescribed nature of the programme and the need for practitioners to at times exercise their professional judgement in programme implementation.

Furthermore, the findings of this research show that the practitioners perceive that different and varying levels of support are needed for families. Consequently, practitioners need to factor into their practice wider structural challenges, such as the social, political, economic, and organisational contexts, rather than the application of rigid, inflexible interventions. This is reflective of Webb (2001), who argues that practice responses must change in response to the changed circumstances of families.

Category: The Practitioner and Their Experience of the Delivery of SFP

Theme 3: Practice Wisdom

In this study, practitioners demonstrate the application of critical analysis and decision-making skills throughout the delivery of the Strengthening Families Programme. The findings of this research show that practitioners reflect upon their professional learning and experience when contemplating changing or adding a resource or experience to their delivery of the programme.

"I'd always be bringing my own job in the (anonymised) to SFP." - Practitioner 11

Questions arise as to whether the expectations of practitioners are in line with the delivery of an evidence-based programme. Are practitioners seeking deficiencies in an evidence-based programme? Do practitioners feel obliged to take on their professional role, and does this further complicate the delivery of the programme?

The influence of practitioners' previous practice experience emerges as a key factor within this research, which influences practitioner delivery and the changes made to the programme. Practitioners consider changes made to the programme are necessary to enhance the programme for the families.

"I'm going on my experience, from what I know." - Practitioner 9

Practitioners referenced their practice knowledge and experience as a rationale for changing elements of the programme. Phrases such as *"from my work I know"* (Practitioner 7) and *"from experience of working with groups"* (Practitioner 8) highlight consideration and reflection of practice experience.

The practitioners state their previous experiences influences their practice, which echoes the argument of Scott and Dadds (2009) that programme delivery is influenced by practitioners drawing on previous training and personal experiences, a practice coined as 'practice wisdom' (Schon, 1987). This is a significant finding that has not been highlighted within evaluations of the programme to date. When unscripted changes are being made to evidence-based manualised programmes, it raises concerns about the validity and veracity of the intervention as well as the evaluations of outcomes for the families. It also points to the need to re-examine and possibly revise the evaluation frameworks currently in use.

Theme 4: Emerging Needs of Families and the Practitioner Response

The findings of this research project highlight that some elements of the evidence-based programme were viewed as inappropriate for families attending the programme. Practitioners reference parents who are *"going off on a tangent about something"* (Practitioner 8), resulting in the introduction of unplanned changes to a session. Practitioners point to the feelings and emotions of families engaging with the programme as a consideration for their delivery of the programme. Practitioners reference parents who were *"frustrated"* and *"upset"* (Practitioner 4). The practitioners argue that the needs of participating families and the issues they are experiencing provide a good rationale for implementing contemporaneous changes to the programme.

It has emerged through this research that the needs of the parents influence practitioner decision-making in programme delivery. The findings of this research highlight that the programme is perceived by practitioners as unsuitable on occasion for the families, and changes are made in response. This research contrasts with the assertion of Webb (2001) that evidence-based practice *'regiments, systematises and manages social work within a technocratic framework of routinised operations*. This research highlights that practitioners implementing the Strengthening Families Programme demonstrate their autonomy through the provision of changes to the programme in direct response to the needs of the families. Practitioners pointed to changes made to the programme during their delivery of it as being linked to their perceptions of the needs of families.

"We have to tweak the programme to make it fit." - Practitioner 4

The research highlights the discrepancy between the practitioners' view of the programme as a fit for families and the programme premise and they resonate with (Sixsmit and D'Eath, 2011), who found that deviations were made to the programme in response to the group needs. 'Responding to the needs of the families' is identified by practitioners as a rationale for change.

"*You need to make some changes for the good of the group."* - Practitioner 7

Practitioners were concerned about the presenting issues among families and the needs of those families.

Within this research context the practitioner is positioning their practice experience or practice wisdom and the emerging needs of families as a rationale for change within the programme. However, not every practitioner's practice experience and wisdom are the same. There is no process in place to examine whether or not the suggested changes or substitutions are appropriate or suitable

Conclusion

Parenting skills training interventions are recommended and implemented across the world (UNODC 2009, WHO 2010). Substantial evidence exists that parenting interventions, such as evidence-based programmes can improve parent child relationships and behaviours (Gardner et al. 2016). The programmes teach parents techniques to manage problem behaviours (Cotter et al. 2013), can reduce antisocial behaviours (Scott, 2005) and lead to improvements in youth outcomes (Sandler et al. 2011). However, standardised, and manualised programme implementation is challenged by the complexity of families, variety of family forms and presenting issues among participants. Practitioners respond by making changes to the programme to tailor it to the needs of the presenting families.

Decision-making based on experience and knowledge has emerged from this research as the main factor of influence on the practitioner's decision-making in the delivery of the Strengthening Families Programme.

In addition, the Strengthening Families Programme was developed within one sociocultural context and is delivered within another. The practitioners who deliver the intervention recognise that the contextual development of the programme is different from the delivery setting. They identify that some elements of the programme and some elements of the delivery context differ, which influences their decision-making in the delivery of the programme. Furthermore, the families are recognised as diverse and presenting in complex forms. The decisions about the delivery of the programme are influenced by the practitioners' experience and knowledge about what will make the programme relevant, relatable, and understandable for the families who attend.

Practitioners engage their professional judgement when making the identified changes. While represented as being in response to the 'needs of the family', the practitioners have demonstrated consideration of a number of issues, including content, family context and presenting issues, appropriate adaptation, previous professional practice experience, etc. In conclusion, the research highlights the engagement of the individual practitioner with the process of making changes to the programme. The change process is represented in the research as a dynamic and ongoing process grounded in practitioners' own professional and organisational experiences and giving due regard to the family context of programme attendees. This research does not contest the value or validity of evidence-based programmes under test settings. Rather, it explores the variables that influence on practitioners' delivery of these interventions in real world settings. Undoubtedly the Strengthening Families Programme should continue as it is an extremely valuable and useful intervention for the support of families. A unique feature of this research is that it can enhance the examination of programme implementation, at all times, in all contexts and provide rich and valuable feedback on the programme delivery, which can further contribute to programme development and improved outcomes for participating families.

Recommendations

1. Consideration should be given by relevant academic programmes, such as social work programmes, early years programmes, youth, and community work programmes, etc., to develop a training module related to the delivery of evidence-based programmes. This is a different form of intervention delivery and a move from relationship-based approach to a focus on a programme delivery. As students are engaged in the delivery of evidence-based programmes in practice, the academic training should be developed to reflect this.

2. Funding agencies and steering committees should take into account the findings of this research and the adoption of the

reflective journal framework to gather information and inform on the Irish process of implementation.

3. Funding agencies and steering committees should compile the journals in a central bank, and a national evaluation of these should be undertaken, the findings of which could be communicated with the developers of the Strengthening Families Programme to promote programme changes that reflect the different parenting context in Ireland.

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INTEGRATED CARE FOR OLDER PERSONS, A CASE STUDY WITH A POSITIVE OUTCOME

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Abstract

This article looks at a case study referred to the Integrated Care for Older Persons Team (ICTOP) in Connolly hospital, Dublin, Ireland. Integrated Care aims to integrate primary and secondary level interventions and supports to improve the quality of life and outcomes for the older person living at home. It aims to avoid unnecessary hospital admissions and premature entry to nursing home care via patient centred multidisciplinary assessment and care planning. The case discussed represents a positive outcome in terms of intervention which met the aims and goals of Integrated Care. At one and two year follow up the patient remained living well at home with supports. The learning on review of the case may be beneficial for others working within the integrated care sector and older persons to ensure future successful interventions.

Keywords

Integrated Care, Older Persons, client centred, care planning.

Introduction

The aim of the Integrated Care Programme for Older Persons is to develop and implement integrated services and pathways for older people with complex health and social care needs, shifting the delivery of care away from acute hospitals towards community based, planned and coordinated care (Health Service Executive, 2016).

In the context of Ireland, an ageing population presents challenges to the health system in terms of funding, service provision and sustainability. Patients over the age of seventy five on average spend three times longer in the Emergency Department than those aged sixty five or less and half of delayed discharges in acute hospitals require homecare packages or nursing home care (Health Service Executive, 2016). One of the core goals of Integrated Care is to prevent older people from having unnecessary admissions, thus attempting to tackle and reduce these figures. In addition to the figures above research shows a hospital stay of over ten days can lead to ten years of muscle ageing, a 35% risk of functional decline for those aged 70 and 65% risk for those aged 90 or over (NHS, 2018). These figures highlight the increased risk to older people of having poorer health outcomes following a hospital admission, a situation that the Integrated Care for Older Persons programme aims to avoid. For situations were admission is required, Integrated Care pathways have been shown to reduce the average length of stay, reduce frailty outcomes and mortality rates for frailer older people (Ellis, et al., 2011; National Clinical & Integrated Care Programmes, 2017). This is done by ensuring that older people have a comprehensive geriatric assessment completed prior to admission to an acute facility. In addition to the concerns on the functionality of older people following admission to acute facilities, concerns also exist in relation to health budgets and being unable to sustain a level of high-quality care with equitable access for those unable to afford private health care (OECD/EU, 2016). Research shows that targeting interventions that improve or maintain the intrinsic capacity of an older person will in the long term prevent rapid decline, polypharmacy and side effects and improve overall quality of life, (World Health Organisation, 2017).

Despite a push in Ireland to promote integrated care pathways, rigid management of budgets in community settings for homecare has created a situation whereby funding is departmentalised thus creating ambiguity over ownership of care provision (Mitton, et al., 2014; Bourne, et al., 2002; Byrne, 2007). This departmentalisation of budgets creates a two-tier steam of accessing home supports, those who are inpatients and require a care package to be discharged from acute facilities and those at home who must await community funded care packages. This two tier system creates lengthy waiting lists for those not in acute facilities and creates a roadblock for ensuring older people can live at home (The Homecare Coalition, 2019).

It further has a knock-on effect of creating a situation where older people are more likely to have an unplanned admission to an acute facility because they lacked supports at home. Despite evidence that home supports are cheaper and provide better value for money in terms of older people care, in 2019 €999m was spent on the nursing home support scheme and a mere €446m spent on home help, homecare and intensive homecare packages (AgeAction, 2020).

Integrated Care pathways have been shown to improve service outcomes and be cost efficient in the long-term, despite this there is evidence to suggest on-going challenges are being experienced in sustaining improvements in Integrating Care on a larger scale nationally (Harnett, 2018). Against the odds however many Integrated Care Teams report successful interventions whereby the aims and goals of the programme are achieved to the benefit of the older person.

Team Background

The Health Service Executive of Ireland is broken into nine Community Healthcare Organisations (CHO). The team at the heart of this article are based in CHO9 alongside four other integrated care teams. Each team is attached to an acute hospital and a medicine for the elderly service. The team at the heart of the discussion of this article are attached to Connolly Hospital. This team covers a catchment area ranging from Dublin 15, parts of Dublin 7 and 11, north Kildare and South Meath presenting a large geographical area spread over various community catchment areas. The team in Connolly consists of two Consultant Geriatricians, two Advanced Nurse Practitioners, a Senior Occupational Therapist, a Senior Physiotherapist and a Senior Medical Social Worker. All cases referred must be under the care of a Consultant Geriatrician and attending the day hospital in Connolly in order to be considered for multidisciplinary assessment and intervention. Each patient referred has a Comprehensive Geriatric Assessment (CGA) completed within the MDT as part of the Integrated Care Pathway.

Case Study

T a man in his 90s was initially referred early 2019 to the Integrated Care Team for assessment due to concerns about declining memory and deteriorating mobility. T lived with his adult Daughter in a two storey privately owned home along with their dog. Prior to being seen by the integrated care team T had no formal community supports and was mobilising independently albeit slowly. A CGA was commenced at the initial visit. It was found at the time T did not require assistance with personal care and his daughter provided assistance with domestic activities of daily living. T had a Clinical Frailty Score (CFS) of five indicating he was mildly frail. Intervention consisted of the social worker engaging in social prescribing and linking T with local community services for socialisation i.e. men's shed and the local day centre and referral to his Public Health Nurse. T was also assessed by physiotherapy and occupational therapy and provided with exercises and a mobility aid. T was discharged to the care of his GP and PHN. T was subsequently re-referred to the team in March some three months after discharge noting an acute deterioration in mobility and cognition. T was re-assessed and linked with a consultant geriatrician for medical review. T's clinical frailty score at this time was assessed as seven indicating he was now severely frail. A homecare package was applied for and further enabling equipment provided via the PHN at this time. A delay in approval of the homecare supports occurred and T unfortunately suffered a serious fall and subsequent brain injury resulting in a drastic deterioration in cognition and mobility and admission to an acute facility. From the time of his deterioration in March to admission a month had passed, where T had no formal supports in the home which arguably increased his vulnerability to a serious incident occurring. Following assessment, a case planning meeting was held with T, T's daughter, and T's son along with the MDT. The recommendation from the inpatient team was for T and his daughter to give a strong consideration to transitioning T into nursing home care. T had however expressed a strong desire to remain at home and had in fact expressed a fear of ending up in nursing home care. T's daughter was very supportive of T's wish to return home with supports and was a key factor in ensuring T's desire came to fruition. Via the medical social worker a care plan was created with T and his daughter at the centre of it which documented T's wishes and outlined what supports should be made available to ensure T could live at home safely. The medical social worker coordinated referrals and implementation of supports and advocated for T's wishes in line with the goals of Integrated Care to support older people living well at home and based in the fundamental value of social work in advocating for an individual's right to self-determination.

Outcome

At one year follow up T remained living at home with care support from the HSE and his family. T had no further falls but was noted to have some infections resulting in acute episodes of delirium. T's daughter at these times made direct contact with the Integrated Care Team and was advised appropriately as required. T advised he was happy at home and was grateful for the support received. At two year follow up T is still at home although is deteriorating further cognitively and requires increased supervision and support. The Integrated Care Team is no longer active in T's care but remains available as a point of contact for T's daughter if and when the need arises.

Results

Various factors upon review of this case have been identified as having played an integral role to the success of the case in terms of meeting T's care needs and maintaining T at home safely.

Having the patient's interests at the heart of the care plan

When creating a discharge plan for T, his and his daughter's wishes were central to the care plan. In depth discussion was had regarding the scheduling of the home care hours to ensure they worked best for T and his Daughter as opposed to creating a generic care plan requesting three one-hour calls per day. Consideration was also given to requesting male carers to ensure T was comfortable with receiving his intimate care and requesting consistency with the number of carers calling so T and his Daughter could create a trust-based relationship with carers. Given the care plan was outside what seems to be considered the norm, assertive advocacy was required to ensure the care plan was approved to meet T's needs as opposed to service needs.

Family Involvement

The level of motivation T's family had to support him at home was important. Despite concerns from the MDT and the limitation in supports provided from the HSE, T's daughter remained steadfast in her motivation to support T at home. T's daughter was engaged with the process of rehabilitating T and implementing suggestions and elements of the care plan including sourcing a private 'au pair' to be with T when T's daughter had to work. Without her determination T could not have lived safely at home.

Carer Education and Support

In addition to this carer support was provided by the medical social worker to T's daughter in terms of education around carer burden and stress and avoidance of this in line with module 3 of the WHO guidelines (World Health Organisation, 2017). This intervention focused on identifying and utilising T's daughter's own interests and ensuring she would have time away from T to engage in social activities without worrying if T was safe. It also involved requesting homecare hours were provided in a block at least one day per week to ensure T could be supervised while his Daughter had respite time.

Communication

Open and good communication along with information sharing is undoubtedly best practice and ensures good outcomes for patients (Reeves, et al., 2010; O'Daniel, 2008). Good communication practices were evident throughout T's care from initial referral to discharge. Specifically, the sharing of information gathered from assessments of T and interventions that had happened up to the point of admission being shared with inpatient teams, ensured a more cohesive approach to planning T's care. Having a single point of contact for the family via the medical social worker ensured a smooth flow of information between patient and the medical teams.

Use of Case Management strategies

In line with best practice and evidence of what works with older people's care, the medical social worker on the team performed a case manager role with T's case (National Clinical & Integrated Care Programmes, 2017). This ensured a one-point contact through which information flowed and care was co-ordinated. Given the number of stakeholders involved in T's care between primary, secondary, and tertiary services the case management role was essential in ensuring a successful implementation of T's care plan. The learning from this highlights the need for a dedicated case manager for the Integrated Care Teams.

Accessibility of home supports

Of note and a lesson to bring forward to those involved in care planning for Older Persons, is the ability to access home supports. Due to various budgetary issues, accessing preventive supports while a patient is in the community has proven difficult. T was only granted the level of home supports he received due to being an inpatient at the time and therefore falling under a different budget and prioritisation. What is needed is a system of clinical prioritisation of need that allows for a rapid response to immediate needs and also anticipates potential changes in the person's condition that can be planned for i.e. anticipatory care planning. This should be available for people living in the community and it should follow that an individual discharged from an acute setting with home supports should also be assessed by their Public Health Nurse or Primary Care Team at regular intervals to ensure their supports are meeting the needs identified. Indeed, moving forward it would be helpful if Integrated Care Teams had access to dedicated homecare support budgets for patients living in the community who have been assessed as requiring supports to prevent further decline in their intrinsic capacity. These supports should be integrated as part of a broader multidisciplinary approach that supports re-ablement, case management and maximises functional independence.

Conclusion

A number of factors were identified in this case study that ensured a successful outcome for the patient. Communication, interagency work, case management skills, multidisciplinary assessments, access to home support hours and keeping the aims and values of Integrated Care at the centre of the team's efforts. Integrated Care Teams are skilled at pulling resources together for service users but only when these resources are made available to them as with this case. Without access to supports for community-based service users Integrated Care Teams cannot function to meet their goals. Timely intervention is also essential in terms of anticipating likely decline in individuals if we are to ensure older people remain living well at home. The success of these interventions is reliant on all service users and stakeholders following the Integrated Care pathways and goals

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REFLECTING ON THE ROLE OF THE NATURAL ENVIRONMENT IN PROMOTING HUMAN WELL-BEING AND DEVELOPMENT: SOME THOUGHTS FOR SOCIAL WORKERS

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Abstract

This article suggests that the role the natural environment plays in human development has been neglected in social work theory and practice. By re-working Bronfenbrenner's *person-in-environment* model and encouraging social workers to adopt a more expansive and holistic understanding of human well-being, we aim to remedy this lacuna. This clarion call for greater environmental awareness in social work is firstly approached by considering the impact it has on three important areas affecting human well-being: child development, mental health, and identity-formation. It is further argued, secondly, that this more extensive awareness is a way of entering ever more respectfully, holistically, and empathetically into the world of the other.

Keyword

Natural environment, eco-social work, human development.

Note

The article will adopt the following definition of the natural environment given its holistic and wide-ranging encapsulation: '*The spectrum of habitats from wilderness areas to farms and gardens. Nature also refers to any single area of the natural environment (such as plants, animals, soil, water, or air), and includes domestic and companion animals as well as cultivated pot plants' (Heinsch, 2011, p. 311).*

Introduction

The global community is more conscious than ever that we are in the midst of an environmental crisis and the profession of social work shares this concern (Boetto, 2017; Houston & Gray, 2016; Gray & Coates, 2015; Heinsch, 2011; Besthorn, 2011; Berry, 2009; Kemp, 2011; Norton, 2009; Besthorn, 2002; Abram, 1997). Over the last ten years there has been a marked increase in publications examining social work and the natural environment (Besthorn, 2011; Boetto, 2017). Indeed, the third pillar of the IFSW Global Agenda for Social Work and Social Development seeks to promote community and environmental sustainability (IFSW, 2012). However, despite this growing awareness, are social workers, as a body of professionals, doing enough to promote environmental awareness and its connection with optimal human development? According to Kemp (2011) and Boetto (2017) social work's understanding of the environment has tended to focus on the social surroundings of a person's life (such as school, home, and community) rather than the natural environment (that is, climate, landscape, and air). If our understanding of environment is restricted to the social world, then we will never fully appreciate the meaningful role the natural world plays in people's lives. For this reason, it has been suggested that, for real and deeper environmental change to take place within social work, its person-in-environment model must be re-examined and enlarged (Boetto, 2017; Houston & Gray, 2016; Kemp, 2011; Zapf, 2009; Besthorn 2001). By expanding the way, we think about what the construct *person-in-environment* actually means, we are not only practicing holistically, but are responding to the imperatives of the IFSW Global Agenda. Below, we examine a number of dimensions of human development and well-being that are centrally affected by the presence or absence of promotive environmental experience, starting with child development, followed by mental health and culminating in a consideration of necessary social work responses.

Childhood Development

How does the natural environment impact childhood development? According to Louv (2008) there are many benefits to children from contact with nature, in the same way as limited exposure to nature can adversely affect childhood development. As a newly qualified social worker, the first case the lead author was assigned involved chronic and persistent neglect which had been continuing for the past seven years. Neglect is defined as an omission of care which results in the child's wellbeing and/or development being severely affected or impaired (Child Case Act, 1991). One of the ways the child in this case was experiencing neglect was by being kept inside a darkened room with the curtains closed all day receiving little stimulation. At the time, the family had been staying for nearly a month in a family hub which was situated right opposite the sea, yet when the child was assessed, he was completely unaware that the ocean was five meters from his door. Does such an occlusion from the stimulation and beauty that outdoor environments offer constitute an omission of care? This question seems particularly germane if one considers how children benefit from contact with nature. For instance, exposure to sunlight and air contributes to bone development and a stronger immune system (Bento & Dias, 2017). Outdoor, unstructured play promotes self-esteem and confidence (Ibid, 2017) and when children are out-of-doors, they are able to move more freely, play on a larger scale and experience first-hand the world around them (Maynard et al, 2013). Maynard, Waters and Clement (2013), in an article addressing early childhood education, claimed that outdoor environments had a positive effect on children who were considered to be 'underachieving' in a formal school setting: "[s]hy children were more confident and became leaders; boisterous or aggressive children became calmer and more focused; and those who were 'less academically able' often experienced success" (p. 213). It is suggested that children who spend time outdoors have the space to play games applying fantasy and imagination which help them to develop positive dispositions for learning resilience, playfulness and reciprocity (Maynard et al, 2013). Importantly, "[D]evelopment and learning are not, primarily, individual achievements but are distributed over, stretched across, people, places, and things" (Ibid, 2010, p.214). Given this truism, it is important to consider that the referred to 'places' in a child's life include the features of her indoor and outdoor world; it is as much about her *tree house* as it is about her family house.

Mental Health

Mental health constitutes the second domain. The WHO report, on the social determinants of mental health, stated that over half of the world's population live in urban areas and are removed from natural environments and from a connection with nature (WHO, 2014). It was also predicted that depression will be the most common cause of disability in the developed world by 2030 (WHO 2009 as cited by Townsend & Weerasuriya, 2010). These statistics raise the question of whether the two are somehow connected, with the contention of this article being that the more disconnected from nature humankind becomes, the more it experiences higher levels of depression.

It is widely accepted that outdoor environments offer a more effective way of recovering from stress than urban locations (Townsend & Weerasuriya, 2010; Berry, 2009; Ramsay and Boddy, 2017; Gray and Caotes, 2015). A longitudinal research study carried out in England called *Would you be Happier Living in a Greener Urban Area*?, with a sample of over 10,000 people, reported that people who lived in areas with access to green spaces experienced lower mental distress and higher levels of well-being than they did when they were living in urban areas with less greenspace (Townsend & Weerasuriya, 2010). Natural places are imbued with a restorative quality, and people often visit settings such as forests, lakes, or rivers to forget their worries or regain some perspective. For social workers, simply knowing that being in natural ecosystems has an effect on a person's mood, on their stress-levels and overall mental health. This is an important insight that can shape how interventions or access visits between children and parents are planned and delivered.

Identity Formation

Feelings of self-esteem, self-confidence, self-respect, self-efficacy, and overall inner congruence are predicated on a strong sense of identity (Houston, 2015) and a person's identity and the world they inhabit are deeply interweaved. Indeed, nature provides an opportune context to reflect upon one's goals, values, and uniqueness, thereby increasing one's self understanding (Clayton, 2012). Intimacy with natural environments can also increase one's self-esteem. This, Clayton (2012) suggests, is because such places are judgment free. According to Berry (1996) experiencing an intimacy with the natural environment enhances feelings of security and ontological safety. If a person's life up to that point has been replete with fragmentation, experiencing the world as integral and connected could be very therapeutic.

Nature is also a source of one's imagination (Besthorn, 2002). It provides us with a metaphorical foundation to communicate consciousness of self and others. However, the impact of environment on identity is dependent upon the extent to which a person has experiences in the natural environment. This, in turn, is dependent upon many differing factors such as exposure, access, finances and even education. Perhaps it is at this juncture that social workers can intervene. As Houston and Gray (2016) suggest, by taking groups of young people out to areas of natural beauty, they are offering them opportunities to experience enriching and memorable ecological events.

Social Work Education and Assessment

In social work education there is a need for a broader theoretical framework that encompasses environmental issues, such as species extinction, pollution, natural disasters, gentrification, globalization, and habitat destruction (Gray and Coates, 2015). As part of this enlarged perspective, students should be encouraged to think about their own relationship with nature, and how meaningful experiences there, impact their senses (smell, touch, sight) negatively or positively. In doing so, they can bring a deeper environmental awareness into their practice (Houston & Gray, 2016). For example, in terms of conducting assessments with service users, do we include questions about the role of the natural environment in their lives? By ignoring such questions, we could fail to recognize how a closeted, restricted urban life is affecting a vulnerable person deleteriously, or else miss out on an accurate assessment of her coping mechanisms (Norton, 2009). What is more, the way that a person speaks about the natural environment reveals new insights about 'self', identity, and biographical memory (Rosa, 2019). Perhaps a natural strength or a seed of resilience in that person or child's life could be uncovered, and further explored or a distant efficacious memory of a past holiday evoked. Walking assessments could be another way to organically introduce nature into an assessment conversation. This could work particularly well for teenagers who might find the formality of a face-to-face assessment awkward. Not only would it release some of the pressure, but perhaps it would make her feel more at ease and more in control of the situation. Walking assessments could serve as reminders that assessments are not merely cerebral and disembodied activities but are explorations of a shared entanglement in a wider material world.

Inequality

One of the most striking findings emerging from our review of the literature, was the pervading presence of inequality when it came to accessing nature. Simply put, not everyone has the same access to nature, and high levels of gentrification occlude large portions of the population from experiencing something that ought to be free for all. For instance, houses with sea-views are extortionately expensive. Accommodation that is located close to parks, mountains, or in leafy suburbs is financially out of reach for those who inhabit society's lower rungs. While at first glance such oppression may not seem so severe, the natural environment clearly has a role to play in the development of a person's imagination, sense of self, aesthetic appreciation and the joy that comes from this encounter. - So, such levels of gentrification are deeply, albeit subtly, damaging.

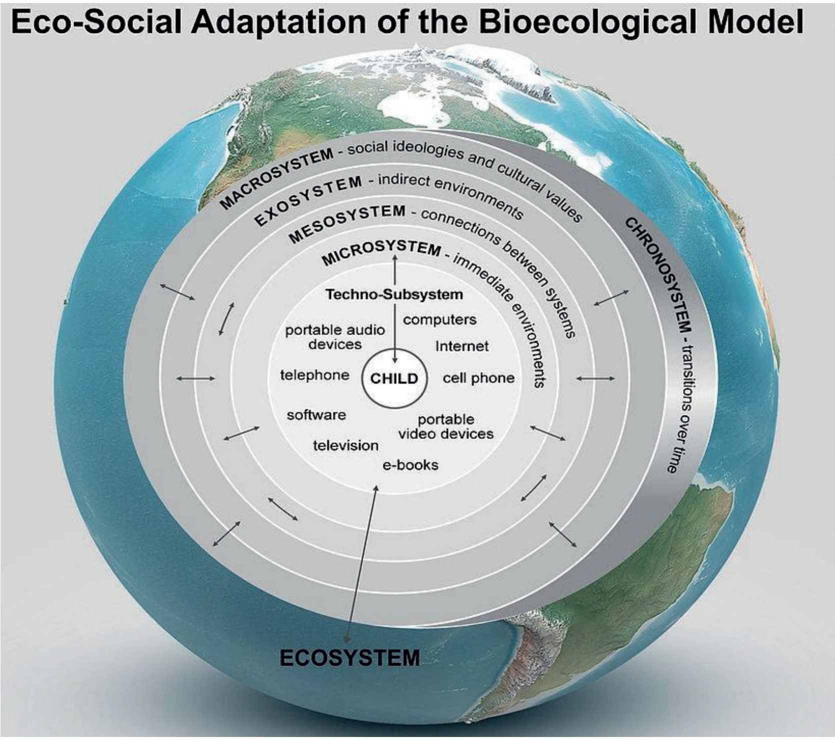
Conclusion

To conclude this article, we suggest that Urie Bronfenbrenner's bio-ecological model can be extended to include a focus on the natural environment (or ecosystem) as a complementary addition to the social systems he describes (see Figure 1 below). In re-working this model, we are arguing that the social systems outlined by Bronfenbrenner (that is, the microsystem, mesosystem, exosystem, and macrosystem) affect a person *through* the domain of the ecosystem. To give an example the natural environment inexorably affects a child's immediate psycho-social environment (her microsystem of intimate relationships with caregivers) by opening up opportunities for meaningful play in natural surroundings which serve to amplify attachment experiences with significant others.

Mesosystem connections, that is, connections between microsystems, including links between families and communities, can be strengthened through peer experiences that involve activities such as hiking in the mountains. Experiences of the exosystem (involving formal systems such as schools and workplaces) can be enhanced if they are situated in green, natural surroundings which are known to improve mood. Lastly, macrosystem realities, including the rise of unbridled inequalities and an economic system which values 'having' over 'being' (Fromm, 1997) can give rise to gentrification and alienation. Social workers must take account of the 'lived experience' of environment when carrying out holistic assessments and attempt to introduce connections with the natural world when it is missing. Likewise, they must mitigate the

Figure 1 - Eco-Social Adaptation of the Bioecological Model adapted from

http://ecosocialwork.wixsite.com/ecosocialwork/blank



effects of impoverished environments: environments fuelled by unseemly urbanization and modernization. Re-working Bronfenbrenner's model to include an ecosystems awareness, will pose new, creative, and even subversive ways of reimagining our profession. The authors contend, however, that this is the type of orientation that is needed if we are to fully appreciate the multifarious ways in which we are entangled with our surroundings, and consequently, the existential loss to be engendered if we destroy them.

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BOOK REVIEW: ERRORS AND MISTAKES IN CHILD PROTECTION: INTERNATIONAL DISCOURSES, APPROACHES AND STRATEGIES

Edited by: Kay Biesel, Judith Masson, Nigel Parton and Tarja Pösö

Publisher: Policy Press - **Year:** 2020 - **ISBN:** 9781447350705

The idea for this book arose in the context of an international workshop on errors and mistakes in child protection which took place in Basel, Switzerland in 2017, which the majority of the contributors attended.

The book is laid out in 14 chapters: an introductory chapter, a conceptual framework chapter, 11 country-specific chapters relating to Ireland, England, the United States, Finland, France, Germany, Italy, Norway, the Netherlands, Sweden and Switzerland, and a concluding chapter.

The introductory chapter outlines how the growing concern about errors and mistakes in child protection can be seen to be very much related to wider and growing social concerns about risk in society and debates about the 'risk society'. Attention is drawn to the fact that what is meant by a child protection system differs considerably as a consequence of the social historical and cultural contexts of different countries and that translation brings an extra layer of complexity. Previous studies comparing child protection systems are discussed outlining important variations between countries concerning the extent to which systems emphasised a child protection (e.g. England and the USA) or family service orientation (Northern European/Nordic countries). More recently many countries have taken a child focused orientation with the state providing a range of early intervention and preventative services.

The conceptual chapter gives an overview of the literature on the understandings of what errors and mistakes in child protection might be, and outlines that they are always socially constructed as they are based on ever-changing ethics for what a society sees as right or wrong practices in child protection and are a mirror for social developments in societies. The terms error, mistake, failure, wrongdoing, and violation are examined. In different societies the question of whom or what is responsible is a function of different definitions of the causes and consequences of mistakes and errors. Different legal responses and the way they frame responsibility for errors and mistakes in child protection are discussed which gives an analytical entry point into the country chapters.

Each of the country chapters provides an outline of their respective child protection systems, the key elements of its structure and main orientation adopted, and attempts to answer a series of interrelated questions regarding errors and mistakes as they apply to their particular country.

The chapter on Ireland entitled 'The social construction of child abuse in Ireland: public discourse, policy challenges and practice failures' by Caroline Shore and Fred Powell seeks 'to explore the diverse meanings of child abuse in Ireland, while unpacking the construction, nature and consequences of errors and mistakes in child protection in the state' (p.55). It outlines how the child protection and welfare system has evolved and reformed in response to a series of incidents and inquiries. A significant and repeated error has been 'the crafting of copious well-intentioned policies', contrasting with a lack of practical application on the ground leaving frontline workers experiencing 'policy overload'.

The country specific chapter on the UK demonstrates how the child protection field there has become increasingly subject to media and political outrage largely directed at the social work profession and how the system has become more risk averse. The USA chapter shows how structured decision-making models have proliferated as an alternative to clinical intuition when determining a family's risk level.

The final chapter tries to identify the key similarities and differences across the 11 countries in the ways that errors and mistakes are identified, defined, and responded to and what the implications are for policy and practice. It provides an overview of the triggers for action and reaction in response to errors and mistakes in the different countries and explores whether some approaches are more productive than others in improving both learning and the child protection systems themselves and for helping to prevent child abuse. It refers back to the different child protection orientations outlined in the introductory chapter and how they influence responses to errors and mistakes and trigger strategies about how best to deal with them.

I found this book an easy read, very engaging and thought-provoking. The chapters on other countries' child protection systems are extremely interesting and informative. The opening chapters provide a clear conceptual framework on which the subsequent country specific chapters are based. The editors succeed in bringing together a large volume of information from the various contributors and countries in a very accessible format and provide a comprehensive analysis of the different systems and their responses to errors and mistakes. The authors acknowledge that child protections is 'controversial and error-prone work' and that practitioners must have courage to do it knowing that their action and decisions can have unintended consequences. The chapter on Ireland makes for sobering reading in part but the analysis of recent developments provides some balance. It should be compulsory reading for all social workers in child protection in Ireland.

I would highly recommend this book for social workers, academics, and researchers in the area of child protection and welfare, particularly those with an interest in child protection internationally. The introductory, conceptual, and concluding chapters could be read as stand-alone chapters and the country specific chapters could be used for reference, as necessary.

Reviewed by Anna Deneher, PSW, Tusla International Social Service

BOOK REVIEW: ONLINE CHILD SEXUAL VICTIMISATION

Authors: Corinne May-Chahal and Emma Kelly
Publisher: Policy Press - **Year:** 2020 - **ISBN:** 9781447354505

The authors of Online Child Sexual Victimisation are both social work academics at Lancaster University in the UK and I chose this book to review because I work as a Probation Officer in a prison setting with sexual offenders. It is perhaps unsurprising to hear offenders' perceptions of online abuse as possibly not being as harmful as a contact type offence, because it occurs at arms-length. This then enables offenders to hide behind online sexual abuse and for them to ignore the fact that non-contact offences begin as a contact offence. Children can then be coached and manipulated for profit as part of the ongoing trade in imagery depicting sexual exploitation. So then on reading the book, I had hoped that I would be heartened as to how this problem of negative uses of the internet for child exploitation could be addressed. Sadly, it appears that the ease of such online access makes it possible to perpetuate the use of online child sexual victimisation.

The introduction to the book clearly outlines what is covered in the following six chapters together with an appendix dealing with the methodologies used. In a preface to the text, the authors have very helpfully included a glossary of terms used in the book and which are also present within the discourse of online child sexual violence - OCSV. I felt that to specify these terms was important because they are often used interchangeably and not always correctly. As a result, the over-use of terms in popular discourse can lead to the trivialising of the enduring harm caused to the victims. The book acknowledges that children are in fact sexual beings and it makes reference to opposing discourses on children and childhood, as either being in need of control or protection. The pervasive use of social media by children and the manner in which this may be exploited by online abusers through grooming and false identities and sexualised narratives, is covered in detail throughout the book.

The authors go on to draw out the social divisions of class, ethnicity, and gendered expectations as the lenses through which to view the most vulnerable victims of OCSV. As you might expect the gender differentials weight heavily on females being caught up in this type of abuse however boys are not exempt. Where you are positioned on the socio-economic ladder is also examined as a potential risk factor for online sexual abuse. I felt that the counterpoint to this however was the chapter on resilience and how the interplay between resilience and victimisation can be managed to positive effect. As you would expect, the authors advocate a fully collaborative approach to tackle OCSV starting at the local level and incorporating global social media players. Whether or not this is feasible hinges on the extent to which there is a real appetite to make the necessary changes in order to protect those most likely to be affected. I felt that the book was thorough, in that all aspects of its examination of the breadth of what constitutes online child sexual victimisation were covered. Of course, victimisation does not just end with the primary victim, as their families and loved ones are also affected by the harm.

There are references to a significant number of studies both in the UK and globally. However, a criticism would be that although these enlighten the reader to the extent of the problem and the demographics covered, I felt that some of the chapters were dense with this information as it is incorporated within the text. As such, I found myself having to read and reread some pages in order to try to make sense of the information presented. This type of data would have been more meaningful if it had been presented in tabular form, but perhaps the authors felt that there were already a sufficient number of figures and tables.

Overall, I would certainly recommend the book to anyone working with sexual offenders, irrespective of their theoretical perspective. It might also be of interest to clinicians who are employed in a restorative practice setting especially when working with victims and their families. The book has helped me make more sense of the distorted thinking patterns that drives offenders to target children abusively through social media sites and it is hoped that social policy at the macro level can influence decision making for the benefit of victims.

Reviewed by Susan Commins

BOOK REVIEW: CHILDHOOD, RELIGION AND SCHOOL INJUSTICE

Authors: Karl Kitching
Publisher: Cork University Press - **Year:** 2020 - **ISBN:** 9781782053880

In Childhood, Religion and School Injustice, Karl Kitching explores the inextricable links between the Irish education system and religious observance and heritage. The book lays out a brief historical overview of the development of the Irish Primary School system since the 19th century and how the Catholic Church became the custodians, patrons and controllers of how Irish children were educated. The scope and perspectives of contemporary research in the Irish educational system and the social and cultural formations and identities existing within it are discussed in the introduction. The book then explores a number of key themes through field research conducted by the author and others with children in Irish schools, their parents, teachers and members of the clergy. The book then builds to explore a vision for a different model of educational patronage and identity to reflect a modern Ireland.

Kitching grounds the context of the exploration using the concept of the ‘Post-secular childhood’. The definition of ‘post-secular’ is difficult to pin down in the text but it broadly refers to the modern world in which the ‘secularisation’ of a society is intrinsically shaped by the religious and cultural influences in that society. Kitching discusses how in recent decades, Irish primary schools have, on paper, become secularised. The ‘baptism barrier’ has been removed from admissions criteria to primary schools and schools with Catholic patronage make provisions for children who do not participate in the sacraments of Baptism, Communion and Confirmation. The practical reality of the measures, Kitching argues, is a ‘majoritarian’ system wherein children from white, settled, catholic and middle-class communities are considered normal/standard and children from ethnic minority and non-Catholic families are considered divergent and accommodated within the existing system rather than being regarded as an integral part of it.

The text goes on to explore children’s conceptualizations of the role religion plays in their lives. It discusses how children’s perceptions and expectations of the place of their religion is shaped by factors such as their socio-economic status and local environment (urban or rural). Comparison is made, for example, to cultural practices around the sacrament of first Holy Communion within the travelling community to those of settled, middle class family practices. The views of many members of the travelling community are reflected in the research and they reflect the desire to celebrate the sacrament with lavish and elaborate clothing to reflect the significance of the event within their community. This stands in contrast to the ‘settled middle class’ norms which look down on such displays as not in-keeping with the piety and reverence the event calls for. The book then goes on to discuss the ways in which religious observance interacts with a child’s world. Kitching discusses how children do not build their understanding of religious belief but through encounters with the physical world and tangible objects. Children interviewed as part of the research speak about the physical space of a church and what it means to them. Children speak about the clothing, rituals and gifts associated with the catholic sacraments.

Research interview material from adults, mainly parents and teachers, broadens the context of topics that the children discuss. The adults interviewed have a perception of school, religious observance, and the relationship between them shaped by the educational system of their youth. Some of the adults speak fondly of this aspect of their childhood and bemoan the 'loss' of many of these experiences for today's children. Other adults speak of the fear, cruelty, and inequity of the unquestioned church/school systems they experienced and welcome the changes of the past decades.

Kitching builds the book towards a central proposal for 'Building Affirmative, Unchosen School Publics'. This essentially means that children should not be divided in their education along lines based on their religion, ethnicity, or socio-economic class. Kitching addresses the obvious counterargument that parents should be allowed to make choices regarding how and where their children are educated. He posits that 'policy encouragement of active parent choice provides racialized, classed and gendered freedoms for the few'. He goes further to explain that 'marketised' private education 'gives rise to and maintains classed, racialized and gendered injustices'. The reader may well finish the book with questions around how a system of 'unchosen school publics' would look in reality and how such a system would be administered.

The book frames many experiences of the 'typical Irish childhood' in thought-provoking ways. A particular strength of the book is the ways in which the voices of children are put to the fore through the recounting of compelling, curious and often very funny ways in which the children expressed themselves in discussing the topics. The narrative discussion is grounded in extensive primary and secondary research. The material is geared towards a readership familiar with academic style explorations of a topic and will no doubt be a valuable resource to those with an academic interest in education, religion, and the psychosocial development of children.

Reviewed by John Finn

BOOK REVIEW: SUPPORTING STRUGGLING STUDENTS ON PLACEMENT: A PRACTICAL GUIDE

Authors: Jo Finch
Publisher: Policy Press - **Year:** 2017 - **ISBN:** 9781447328735

It becomes clear from the introduction chapter that Dr Jo Finch is well placed to write this type of book. She has been a social work practitioner and a practice educator (practice teacher), before moving to academy where her research interests have been in practice education and learning. She is now a Reader in Social Work and Deputy Director of the Centre of Social Work Research, Cass School of Education and Communities, University of East London. While the title, ‘Supporting Struggling Students on Placement’ clearly signifies the focus of this book, the aim of the book is to help practice educators and placement tutors support *all* students on placement. Indeed, as is suggested in the introduction, this book may be of use to practice educators and placement tutors across a variety of professions.

The book is divided into 5 primary chapters with two additional chapters, the introduction and conclusion chapters. Broadly, chapters 1 to 5 guide the reader through topics such as how to recognise if a student is struggling, the emotional impact of working with a struggling student, and how to both work with and assess struggling students effectively. Working constructively with stake holders is also covered.

The structure of chapters 1 to 5 supports the reader to ‘learn’. Each chapter has examples from practice, research, and theories as well as reflective exercises and ‘learning check’ boxes. Each chapter finishes with a short list of further reading suggestions. While the reflective learning exercises are for the practice educator to complete as they work through the book, there are a number which could equally be used with a student on placement such as Reflective Exercise 3.3 Formative Years of Education (pg50) and 5.3 Understanding Power and Authority 1 (pg. 96). There is also a list learning tools for use with students (pg. 76), along with references to further such resources. I did feel more information on the learning tool section was needed, perhaps more detailed examples of using the learning tools or some further information on the learning tools themselves.

The complexity of assessing students on placements is outlined clearly as you make your way through this book. Issues such as the subjective element of assessing practice as well as how different agencies expectations and the student’s starting point are all considerations in the process. Chapter 3, The Emotional Impact of Working with a Struggling Student was particularly useful. While the emotional impact for students is at the forefront in such situations (and rightly so), this chapter allows for consideration and reflection on the emotional impact for the practice educator.

The perception that there can be a reluctance to fail a student was explored in a number of chapters, with the clear message given about the responsibilities of practice educators in terms of gatekeeping and ensuring high quality safe practice with the next generation of social workers. Equally consideration of the role of the tutor and college in such situations was also discussed.

Anti-discriminatory and anti-oppressive practice is highlighted as an issue of concern in chapter two and again in later chapters. Research is referred to that indicates both greater risk of failure and slower progression for certain groups such as black and minority ethnic groups as well as those with disabilities. It is positive to see the recognition and importance of this as an issue for all of us to be proactive in addressing.

The conclusion chapter helpfully provides 15 steps to working effectively with (struggling) students on placement. This neatly summaries the learning points throughout the chapter. And can act as a convenient reference point for practice educators.

In summary this is a helpful book for all involved in providing placements to students. It is an accessible read and allows the reader space to reflect on their practice as well as raising many challenging issues for consideration. I believe everyone will come away with some practical solutions and approaches to implement within their practice teaching roles.

Reviewed by Sarah McGarrigle

BOOK REVIEW: PERVASIVE PUNISHMENT - MAKING SENSE OF MASS SUPERVISION

Author: Fergus McNeill
Publisher: Emerald Publishing - **Year:** 2018 **- ISBN:** 9781787564664

When reading Pervasive Punishment, I felt that Fergus McNeill paints a generally sobering picture of how Probation supervision is used to organise, process, and manage offenders. There are seven chapters in the book and each one contains a preamble to the main theme of the chapter in the form of a narrative involving four fictional characters. The fictional characters are Joe, a middle-class offender, Pauline his world-weary Probation Officer, Norm, Pauline's line manager and Petra who convenes a self-help group.

I felt that the concept of supervision of offenders and its relationship to pervasive punishment was highlighted clearly in some parts of the book. Fergus McNeill focuses on media headlines which may give the impression that some offenders get off relatively lightly from Court. However, this may not be the case as involvement in the criminal justice system has consequences, irrespective of social class. McNeill's use of Joe, a qualified accountant, introduced in the narrative accords with his reference in the book of a middle-class offender, who arguably *walks free from Court*. Whilst judicial leniency might be perceived to be the case, the lived lives of offenders and the fallout from being on a supervision order, might have far reaching consequences. Fergus McNeill invites us to take the perspective of that person, who allegedly 'walks free' and in doing so we are given an idea of some of the pitfalls faced. It's all too easy to sit in front of an offender during a supervision session and feel some level of complacency. However, on listening to the songs and the evident pain of those on supervision, I could not help but appreciate the difficulties faced by offenders when attempting to carry on as normal with their lives. To remain in your employment, avoid ostracisation in your community and to sustain relationships are all real challenges. The book also made me think again about my own interactions with offenders and how reflective practice in social work should never be taken for granted.

McNeill's book examines supervision largely through the lens of a Scottish perspective; however, he also draws on comparative analysis with the US and also the UK. He very usefully charts the expansion of supervision, from a community-based sanction to forming part of a suspended prison sentence. Given the book's topic, *pervasiveness of punishment* meted through Probation Supervision, it clearly illustrates how supervision serves to widen the net of the reach of the criminal justice system.

The book gives us a glimpse of how managerialism has made the transition from a corporate setting to influencing current models of social services. This represents a move away from the idea of social work as a client focused service to one of interventions during a period of supervision, informed by risk assessments. As we all use risk assessments to underpin and inform our reports and Court proposals, I was dismayed at the perceived absence of social work values but perhaps they were implied? I felt that this was best captured in Norm's comment to Pauline that her role is not one of helping Joe, but to stop him reoffending. It was also very clear from McNeill's book that the prevalence of automation over one to one interactions may have arisen as a result of the semi-privatization of the Probation Services in the UK and resultant cost cutting measures. Pauline's workload is subject of oversight by her manager – not new in itself as this represents an aspect of supervision – though the focus here is on performance indicators. This then is perhaps to the detriment of the offenders as it possibly represents the point where managerialism usurps social work values.

Overall, the book was a useful eye-opener in that I did recognise some comparisons and also contrasts with our own Service in the Republic of Ireland. The use of risk assessments and the increased focus on a managerialist culture is probably inevitable. Anyone who has an interest, not only in social work as an area of applied social policy but in its relationship to the criminal justice system, should read this book. In my opinion, although inevitable, managerialism as an organising paradigm should never be allowed to replace the social work values of client dignity, empowerment, and reflective practice.

Reviewed by Susan Commins

BOOK REVIEW: HOW TO USE SOCIAL WORK THEORY IN PRACTICE: AN ESSENTIAL GUIDE

Author: Malcolm Payne
Publisher: Policy Press - **Year:** 2020 - **ISBN:** 9781447343776

Malcolm Payne is an academic and writer in the field of social work. He is best known for his *Modern social work theory* textbook, which is in its fourth edition. He is an Adviser (Policy and Development) at St Christopher's Hospice, London, Emeritus Professor of Community Studies, Manchester Metropolitan University and Honorary Professor, Kingston University St Georges Medical School. He has written extensively on Social Work theory and is widely regarded as one of the foremost Social Work theorists of his generation.

In his introduction Payne states that this book focuses on two types of theory:

1. Practice theory about changing, helping, and influencing human beings, groups, and communities.
2. Practice concepts that conceptualize general practices present in all social work.

Payne has covered the majority of Social Work theories from first contact and engagement, assessment and communication in the opening chapters of the book to the middle section which explores task-centred practice, crisis practice and motivational interviewing. The last part of the book looks at critical and structural practice, feminist practice and concludes with ending and critical reflection. Each chapter examines social work practice techniques and the ideas that inform these.

By covering such a diverse range of theories used in social work practice, Payne sets this book up to connect and resonate with both the classic and contemporary movements in social work.

The combined use of text and infographics throughout this book is both interesting and stimulating. It makes this book relatable to Social Workers at all stages in their careers, from entry level Social Work Students to seasoned Social Work practitioners and academics.

Payne's use of infographics in particular offers a clear and concise presentation of the various key theories in Social Work and a method of effectively linking these theories to practice. In 'How to Use Social Work Theory in Practice: An Essential Guide', Payne succeeds in seamlessly translating Social Work theories into the language of everyday Social Work practice and in doing so, shows us how theory can be a most valuable tool, in tailoring our approach to the individual.

Payne guides us through the entire social work process from the very first contact and initial engagement through to the last or final contact with a client.

Each chapter in the book with the exception of chapter one follows the same structure, for example, chapter 12 Attachment Practice is laid out as follows:

1. Setting the scene.
2. An infographic (this sets out the main actions involved in an intervention in theory or concept).
3. Introducing attachment.
4. Action sequence.
5. Things to think about.
6. Further resources.

In following a defined layout for each chapter, Payne invites us to use this new text as a quick reference guide to social work theory. This guide will appeal to students and practitioners alike, being able to quickly access information and tips on any of the theories covered. Throughout the text, Payne outlines how to work with the main theories and practice techniques and how to pinpoint their strengths and limitations.

How to Use Social Work Theory in Practice: An Essential Guide by Malcolm Payne is refreshingly easy to read and to navigate from chapter to chapter. The consistent style of writing and presentation throughout the book makes it very reader friendly.

Whilst the book is accessible to all levels of Social Worker, there is never a sense that anything has been over simplified. This is certainly a book that I will use in the course of my work. There is even a chapter included on Mindfulness practice and this shows how Payne is very much in touch with both the classic and contemporary approaches.

Malcolm Payne has gone a long way towards helping us as Social Workers, to answer the age old question as to how we integrate Social Work theory and practice, one would suggest that in answering that question, reading this excellent offering by Malcolm Payne would be a very good start.

This book is justifiably likely to be widely used in both social work education and practice and is highly recommendable reading.

Reviewed by John Lennon, Social Work Team Leader, Renal Services, Tallaght University Hospital

BOOK REVIEW: THE LEARNING FROM PRACTICE MANUAL

Author: Neil Thompson
Publisher: Avenue Media Solutions - **Year:** 2018 - **ISBN:** 9781910020449

Dr. Neil Thompson is a prolific writer of texts and manuals, many of which will be well known to social workers. This book draws on his experience over 30 years of having practice teachers as colleagues, of running training courses where he has seen the areas that people struggle with as well as what works well. The book developed out of previous texts that Thompson wrote or co-wrote – *Practice Teaching in Social Work: A Handbook (Thompson et al., 1994) and Promoting Workplace Learning (Thompson, 2006)* and reflects the changes that have taken place in the workplace over time. The book is not exclusively for social workers but certainly will be invaluable for social workers who are supervisors or practice teachers.

The manual is a set of very practical guidelines that are helpful (even essential) in workplace learning. The emphasis throughout is on practice, drawing on existing theory to inform practice rather than developing any new theories.

Following an introduction which focuses on learning opportunities in the workplace and asks us to reflect on the type of learning culture we work in, the manual goes on to look at seven key areas within practice, devoting a chapter to each: Understanding Learning; Teaching and Assessing Values; Reflective Practice; Coaching, Mentoring and Supervision; Planning; Workload Management and Evaluating Practice.

The layout of each chapter has such a variety of questions, exercises, reflections, and tips that the reader is never bored. Each chapter opens with an introduction which clearly sets out the value of what is being discussed, going on to give more detail on the topic and referencing some theory that informs this. The chapters conclude with a conclusion which neatly reminds us of the importance of the topic. The main body of each chapter is filled with very practical advice for learning from practice, each having the following key pieces which really help to illustrate the learning:

- A Practice Focus giving a real example which in many cases can be thought provoking. There is little focus on analysing the example as most of them speak for themselves as illustrations.
- A Key Point which is generally no more than a few lines which succinctly capture the theme of the chapter – often in a very practical way e.g. from Understanding Learning - *Don't assume that learners will make the connection between improved learning and improved performance. This is a mistake I have made before and been surprised to note how many people must have the connection spelled out to them.*
- A "Moccasins moment" which is a question for the reader which encourages reflection and active participation in the topic, rather than just blandly reading the manual. This really helps to engage with the topic and to take time to reflect. The Mocassins Moment from Coaching, Mentoring and Supervision is *"what have your experiences of supervision been? What has helped? What has hindered?*
- One or several Tips. Again, these are keys pieces to take away in relation to the topic, generally a very practical piece of advice that is further illustrated in the chapter. In the chapter Workload Management the tip is *"Beware of the 'head down, get on with*

it' mentality that is very common in many workplace cultures – a reflective approach to managing your pressures will be far more effective"

- An exercise which encourages the reader to put the learning from the chapter into practice – just as the title of the book says. These exercises would make an excellent starting point for discussion in supervision or could be very useful in group peer consultation or team reflections. The exercise at the end of the Understanding Learning chapter is simply *"revisit the barriers to learning section and consider strategies for addressing each of them as effectively as possible".* Each of the exercises contain questions and challenges that every social worker should be looking at.

In addition to the topics covered in each chapter, there is a useful appendix – The Positive and Negative Indicators Framework which looks at the different proficiencies that students should have at intermediate and final assessment. These broadly link to the CORU proficiencies, making it an excellent aid to student assessments. There are also comprehensive references and suggestions for further learning under the different topics covered.

This manual is very comprehensive in the topics covered and offers very practical ways to promote a learning environment. It is very easy to read and really invites one to engage in the topic and to challenge oneself. I would recommend it to all practice teachers and supervisors – our job has been made a little bit easier by the publication of this book which will be a most valuable addition to any social worker's library.

Reviewed by Lucy Sutton (Senior Mental Health Social Worker Cabra Community Mental Health Team, HSE)

TRIBUTE

Dr Paul Michael Gavrrett

Tribute from Declan Coogan, Acting Co-Director, MA in Social Work Programme, School of Political Science & Sociology, NUI Galway

The IASW wish to congratulate and acknowledge the recent appointment of Dr Paul Michael Garrett to the Royal Irish Academy. Dr Paul Michael Garrett is the first social worker to receive this honour.

NUI Galway academic, Dr Paul Michael Garrett was recently elected as a Member of the Royal Irish Academy for his contribution to Humanities and Social Sciences. Paul Michael among 29 new members admitted to the academy by Dr Mary Canning, President of the Academy, through a special video call on the 22nd of May 2020. He is the first social worker to have received this honour. On the 16th of June 2020, Paul Michael was also awarded a Higher Doctorate (D. Litt. / Doctor of Letters) by the National University of Ireland in recognition of his scholarly contributions.

Dr Paul Michael Garrett is senior lecturer and acting co-Director of the Master of Arts in Social Work at NUI Galway. Having previously worked at the University of Nottingham, Paul Michael arrived at NUI Galway in 2004, to help set up the first social work programme in the west of Ireland. He works closely with colleagues in the MA in Social Work programme, Caroline McGregor, Eleanor Kelly and Declan Coogan, in the School of Political Science and Sociology and across the social work practitioner communities.

Paul Michael has made significant contributions to a range of debates on social work and social policy; his work has appeared in international peer reviewed journals across a range of disciplines. He has also supported MA in Social Work at NUI Galway students to further develop their dissertations to peer review journal publications such as for example, Lynch R & Garrett P M (2010) 'More than Words' – Touch Practices in Child and Family Social Work'; Conneely, E & Garrett PM (2015) Social Workers & Social Justice during a period of intensive neo-liberalisation and Ryan, D & Garrett PM (2017) Social work 'logged on' – contemporary dilemmas in an evolving 'techno-habitat'.

His research interests; include critical social theory and social work; discourses of marginality; neoliberal-inspired 'reform'. Paul Michael is keen to supervise post-graduate research students on these and related themes. He is a leading international authority in the field of critical social theory, social work and social policy. His recent influential books include *Welfare Words* and *Social work and Social Theory*. He has authored six monographs and over one-hundred peer reviewed articles.

His book *Welfare Words: Critical Social Work & Social Policy* (Sage) was published in 2018. One reviewer remarks that it is a 'fascinating and rich book, which documents the central place of language in the (re)production of social order and the importance of welfare words in delineating the parameters of our collective imagination'; his book *Social Work and Social Theory* (2013) was published in Chinese translation and, in 2018 it was published as an expanded second edition. Paul Michael has also written three volumes mapping facets of social work with children and families during the period of New Labour in the UK (1997-2010). He is also a member of the editorial collective of *Critical Social Policy* (CSP) where, for many years he has been editor of reviews.

We are delighted that Paul Michael has recently received these awards. It brings great honour to us his colleagues, to social workers in Ireland and further afield, to the School and to the University. We warmly congratulate him and look forward to continuing to work closely with Paul Michael.

OBITUARY

Norah Gibbons

It was with great sadness that IASW learned of the death of Norah Gibbons who died peacefully on the 8th April 2020. On behalf of IASW, I would like to extend our deepest condolences to her husband Sean, children Myles and Maireas, mother Bridget, her sisters Mary, Angela, Helen, Jacqueline and brothers Seamus, Tom, Peter, Dermot and Gerard, her many in-laws, nieces, nephews, grandnieces and grandnephews, and her wide circle of devoted friends and colleagues.

Tribute from Michele Clarke, Department of Children and Youth Affairs

Norah's impact as an advocate for children and an independent reviewer of child protection services was significant. Her voice was known and respected in the media and when engaging with public bodies, civil servants, and politicians. In my view, and that of many of my colleagues, the reason her voice was heard above the clamour of many others in this contested space was because Norah, while keeping the rights of the child to the fore, was clear, fair, sound and rational in her opinions and judgements.

In the work she undertook in reviewing child protection cases, including the deaths of children in care, Norah had the difficult task of examining the work of her social work colleagues. Whilst always empathetic to children Norah examined and named the complexities that social workers face, and the great unknowns that abound in child protection work and came to fair conclusions. She understood well that looking back on actions with twenty twenty vision would not assist anyone in learning for the future.

In the decade after the Ryan Report, there was a tendency in some sections of society and the media to mistake emotive outpourings about the experience of children as analysis and advocacy. This was never Norah's way, and her work and words were all the more powerful for their measured tone and delivery. While she could challenge colleagues when this was needed, she was relentless in ensuring that the context of services, especially where understaffed and the impact of adult addictions and general poverty on many children's lives were not forgotten.

While we never worked directly together, Norah and I were good colleagues over a long number of years. Her greetings always held a genuine concern for the other and a real understanding of the challenges facing social workers, managers, civil servants, and politicians, and indeed working parents. Her focus was on what influence she could bring to improve children's lives and not in criticising and blaming. Norah's voice on issues relating to child protection was always valued by colleagues in the Department of Children and Youth Affairs, as was her devotion to her work as the first Chair of Tusla, the Child and Family Agency.

Shortly before Norah learned of the serious illness that led to her death, I had the pleasure of her company on a long drive on a wet winter's evening. For the first time I heard her talk of her early life, her work in England, her return to work in Barnardos, and her love and pride in her children. Norah's mother was living with her at this time, and despite all the demands on her life, she spoke with energy and hope about future ambitions, both professional and personal. It is a great regret that she was not able to have more time to fulfil these ambitions. Norah's work and reputation has left a precious legacy to the profession of social work in Ireland.

Tribute from Monica Hynds O' Flanagan, Barnardos

Norah died during lockdown and like many people I regretted that I couldn't attend her funeral, to pay tribute to her and to the contribution she had made in her lifetime to the lives of children and adults who had experienced loss, abuse and neglect.

When I was asked to write this piece, I made contact with friends and colleagues of Norah's and they generously shared their reminiscences and thoughts as individuals and in one case as a group of ten, Margaret Rogers, Grainne Burke, Catherine Bond, Geraldine French, Patricia Murphy, Colette Murray, Fiona Lane, Anne Conroy, Mary Byrne and Angela Canavan. I am grateful to all of the contributors for giving us a vibrant picture of Norah and her life. The following is my gathering of their thoughts and comments.

Norah Gibbons worked as a social worker in both the statutory and voluntary sector in the UK and Ireland. The principles and values that underpin that professional identity, were integral to her life, both personal and professional.

Norah's public profile and many achievements as a tireless advocate for children's rights, a leading innovator in the development of family support and a champion of social justice for victims of abuse, in Ireland and internationally have been well documented and celebrated in tributes to her before and since her death.

Over the 30 years of her professional career Norah held many distinguished roles including:

- Chair of the Confidential Committee of the Commission to enquire into Child Abuse 2000 to 2005.
- Chair of the Roscommon Child Abuse Inquiry 2009.
- Co-chair of the Independent Child Death Review Group with Dr Geoffrey Shannon 2011 to 2012.
- First Chair of Tusla 2014-2018.
- Honorary Member of Eurochild for her years of service to children's rights in 2015, President and Chair of the Management Board 2016 to 2018.
- Member of Acknowledgement Forum of Historical Abuse Inquiry in Northern Ireland 2012-2015.
- Appointed to lead a specialist research study on familicide and the needs of those affected in May 2019.

Colleagues and friends recalled that when Norah joined Barnardos in 1990 that she "*quickly impressed as a person with immense intellectual ability, she was a robust and able thinker with a great capacity to incisively identify issues of real importance for children and families.*

Her capacity for relational based leadership brought a clarity of purpose and direction and greatly influenced the direction of that organisation over many years. She was fearless *in her advocacy and would challenge with integrity where the needs of children were not being met".*

On foot of that advocacy Norah founded the Guardian ad Litem service in Barnardos and started Barnardos group work service to birth mothers. Norah's innate understanding of the consequences of loss influenced the development of that service and she will be greatly missed at the events marking its 30th anniversary this year by colleagues and many of the women who have warm memories of Norah and the service she provided to them.

Norah also supported the development of Barnardos Origins service - a family tracing service for people who were in state run care.

Norah's commitment to dignity and respect for all was to the fore when she was appointed to the Committee to inquire into Child Abuse in Ireland in 2000 where she set up a Confidential Committee to hear directly the stories and experiences of over 800 adults who as children were raised in institutional systems. She described this as 'a humbling experience.'

Freda McKittrick remembers Norah speaking of the courage and resilience of those who testified at the Commission as sustaining her during the many dark days of that work.

That compassion for others and capacity to connect with people, build enduring friendships and advocate for others was commented on by many.

"*Norah was respected by parents, colleagues in many professions, politicians and policy makers alike, creating enduring relationships and friendships throughout her life. A born communicator, but also very down to earth, she was very interested in people, was a great storyteller and had an incredible talent for connecting and finding common ground with people of diverse backgrounds and roles. These traits allowed her to integrate the personal and professional into her work in meaningful ways.*

She understood the importance and power of media and used it to great effect in advocating for the rights of children to ensure that their stories and experiences were portrayed in sensitive and respectful ways. Her opinion was frequently sought by the media and her ability to communicate complex social issues in ways that were understandable and accessible was remarkable. Her contributions were always based on fact and evidence, but presented from the human perspective, and with a focus on workable proposals and solutions.

She was *a woman of great empathy…. who often reminded us of the importance of a listening and compassionate ear for children and adults, especially those who had experienced suffering and trauma in their lives.*

Norah was great company, very social and gregarious with a mischievous sense of humour. She enjoyed the 'craic' and a good night out with her pals, where her incisive analysis of topics of the day, combined with a keen wit, invariably kept conversation and laughter flowing."

Many spoke of her energy and passion, Suzanne Connolly Barnardos CEO recalls Norah as possessing "*great energy and drive and commitment to the rights of the most vulnerable in society being vindicated.*" Christine Hennessey and Patricia White remembered Norah as a "*human dynamo- a powerhouse – someone who got things done and cut through the red tape with her commonsense approach. She worked endless* *hours and there was palpable energy in the air when Norah was present*."

Above and before all, Norah was a family person and her children, Myles and Maireas, were the centre of her world. She was a loving and caring mother, daughter, sister and doting aunt to her nieces, nephews and over time, to their children.

Right up to the final months and weeks of her life, Norah continued the work that she was committed to, including taking on to lead a study into the needs of families affected by familicide appointed by the then Minister for Justice, Charlie Flanagan, who noted: **'*Norah Gibbons not only brings experience and expertise, she also brings great humanity and compassion to this important and sensitive study.***

Norah's death has left a huge void in the lives of her loving family, friends and colleagues. However, knowing her and being a part of her life has enriched us all. Her passing has left a vacuum in the landscape of child and family advocacy which will be difficult to fill. However, her legacy has demonstrated, to paraphrase Margaret Meade, the power of thoughtful, committed, citizens to change the world.

Many tributes were paid to Norah, on her death, including from President Michael D. Higgins which encapsulates so much of Norah and her contribution to Irish life *"Driven by a profound sense of social justice and empathy, Norah Gibbons has left an enormous legacy, not only for the children of Ireland but for all those who cherish the values of equality that underpin our republic and democracy."*

OBITUARY

Séamus Ó Cinnéide

It was with great sadness that IASW learned of the death of Séamus Ó Cinnéide, who died peacefully on 13th November 2019. Seamus joined the Department of Applied Social Studies in Maynooth University in 1980 and was Professor Emeritus of European Social Policy, where he established community and youth work courses. Under his leadership, the department earned a high reputation for teaching, research, and development. His research interests included public administration, policies in respect of children, juvenile justice, poverty, and social exclusion. Seamus previously spent a year at the Economic and Social Research Institute on secondment from the Institute of Public Administration. He was a member of the National Committee on Pilot Schemes to Combat Poverty from 1974 – 1980 and the Irish evaluator in the Second European Poverty Programme, 1985 – 1989 and Third European Poverty Programme, 1989 -1994. Seamus was chairman of the National Traveller Accommodation Consultative Committee.

Seamus completed a Bachelor of Arts in English, Sociology and Politics with President Michael D. Higgins at the National University of Ireland Galway from 1962 – 1965. In tribute to Seamus, the President described him as a *founding champion and valued researcher who engaged with issues of inequality and the neglected rights of the marginalised in society*. *His work in the 1970s, including his book 'A Law For The Poor', was the beginning of what would come to be termed a war on poverty, the Kilkenny Conference and campaigning work in which he had many allies, including Sr. Stanislaus Kennedy. He described him as someone who gave public service at a number of important institutions in a quiet and informed way.*

On behalf of IASW, we wish to extend our deepest condolences to his wife Moira Higgins and his children, Bríd, Áine and Caitlín. His brothers Patrick, Mary A. Bernard and Anthony, and his grandchildren Francis James, Norah – Mae, Dubhthach and Louis and his extended family, relatives, neighbours, former colleagues, and many friends.

OBITUARY

Fergus McCabe

It was with great sadness that IASW learned of the passing of Fergus McCabe who died peacefully on the 8th October 2020. Fergus was a compassionate, determined, articulate and committed social worker. He influenced national policies, changed systems of power, and promoted social justice. He worked tirelessly to advance social change in his own community of North Inner-City Dublin. On behalf of IASW, I would like to extend our deepest condolences to his wife Helena, children Ella, Kathy and Eoin and their spouses Ciara and Edward, grandchildren Poppy, Isabel and Cara, brother Dermot, sister Brid, nephews, nieces relatives and many friends. We are very grateful to Professor Robbie Gilligan who provided us with this very moving tribute to Fergus.

Tribute from Robbie Gilligan is Professor of Social Work and Social Policy at Trinity College Dublin, and is author of *Tony Gregory*, O'Brien Press, 2011

As for countless others, Fergus McCabe was a huge influence for good in my life. I first met him as a fairly sheltered only child of 16 years in the then Belvedere Newsboys Club (now Belvedere Youth Club) in inner city Dublin in 1970. He was a few years older, had his trademark beard red beard and long hair and was full of fun and personality. We were both drawn to be volunteers in the club by a teacher and Jesuit priest Fr James Smyth who was then chaplain in the club.

On leaving school, I went on to do social work at Trinity College due in no small part to the influence of Fergus and our shared experience of voluntary youth work. One of my placements turned out to be with Fergus in his early years as a community worker, his first job after studying history and later social work at University College Dublin. We attended public meetings of local people as he sought to assist the emergence of tenants' associations in the Sheriff Street area. Fergus understood the importance of local people having a voice, as had Professor Ivor Browne, the then Chief Psychiatrist of the Eastern Health Board who had re-assigned him from mental health casework to those wider duties. Browne had done this as part of his understanding of the need for stronger communities to underpin preventive mental health efforts - stronger communities would be healthier communities. An important lesson for Fergus and myself was that the priority issues we had expected at the meetings were not necessarily the same for the people who turned up. I recall that a major issue of interest was access to multi-channel piped TV in the blocks of flats (an emerging possibility in then one-channel land). This was very different from the wider economic and social problems such as unemployment and poor community facilities that we had assumed to be the local priorities. It was a valuable reminder for us that often in social work it can take longer for the deeper issues to be addressed. Some years later I came back to the inner city to work as a health board community care social worker and in time came to take social work students on placement. My second student was Helena Sullivan who met Fergus while on this placement, and they subsequently married.

As part of his community development work with tenants across the north inner city, Fergus soon connected with local activists, Mick Rafferty and Tony Gregory. They became a formidable trio influencing many other activists on a range of issues – employment for local people on summer youth projects, housing renewal in the inner city rather than decanting residents from slum blocks to the suburbs, opposition to planned motorways that would destroy the fabric of community life in the inner city and so much more. Fergus was a leading part of the team that helped Tony Gregory to be elected as a city councillor and later as a TD. He was also part of the core group with Tony Gregory and Mick Rafferty that negotiated an investment deal for the renewal of the neglected inner city and for wider reforms in return for Gregory's Dáil vote for the election of Taoiseach. This arose when the election results had turned up a situation where Gregory's vote was vital in determining who would form the next government. They hammered out a deal with Charles Haughey, Fianna Fail leader of the day that allowed him to form a minority government. This lasted only eight months, due to a defeat in a subsequent key Dáil vote. In the departure of Haughey as Taoiseach, the Gregory Deal programme had lost a critical champion. But the ideas within the document remained influential and Fergus devoted huge energy to promoting reforms reflecting its spirit on many fronts including community policing in Dublin, and drug policies and services at local and national level. For a time, he served as co-Chair of the National Drugs Strategy Team. But whatever he did, he never lost his connection to the grass roots. He always spoke with the authority of someone who really did know what was happening on the ground. He was a social worker who could move seamlessly and authentically between the micro and macro levels of practice.

Fergus also led the Eastern Health Board Neighbourhood Youth Project in Summerhill which was a vital force in supporting local young people in trouble and, in time, also serving isolated immigrant young people. He gave special priority to promoting positive attitudes towards newcomers in the inner-city community. He was always drawn to supporting young people who were more marginalised. For Fergus, support was not just some abstract commitment of principle, for him support was about living, breathing concern expressed directly by his interest and presence. He worked tirelessly with young people to build their sense of belonging, their confidence, and their understanding of social justice.

He was very creative in his social work techniques, frequently using his love of football and music as tools to engage the young people, but he also used his humour and patience as vital ingredients in the building and sustaining of relationships in even the most challenging scenarios.

Fergus was a very accomplished guitarist and singer with an amazing repertoire of folk and popular songs. All his life he loved to lead singsongs. He inspired a love of music in many of the young people he met in his voluntary work and later as a social worker and community worker. He helped many to learn to play the guitar.

Fergus was also an accomplished footballer and devoted a big part of his life to being a volunteer coach and also to helping run the Belvedere Football Club (originally an off-shoot of the

Belvedere Youth Club and founded by his friend Vincent Butler, Fergus himself and others). The club has grown into a significant nursery for footballing talent in Dublin and beyond. Fergus was a life-long and often long-suffering fan of Tottenham Hotspurs the north London Premier League team (known as Spurs to the faithful). His voice mail message was updated weekly to include reference to the latest misfortune or success that had befallen the club. It was a source of satisfaction for him that two graduates of the Belvedere Football club system had been signed in recent times by Spurs: Matt Doherty and Troy Parrot.

Fergus practised social work and community work with his head and his heart. He had a great gift of creating community within and between groups and paid special attention to including those on the fringes. French couple, Pierre Klein and his wife Fabienne spent a number of years in Dublin as leaders for the Irish branch of the French international anti-poverty NGO ATD. In his tribute to Fergus who supported the work of ATD – All Together in Dignity, Pierre recalled how after some community event, the whole group had retired to the Hill 16 pub on Gardiner Street in Dublin to socialise.

During the inevitable sing song led by Fergus, Pierre fondly recalled Fergus causing the whole pub to join in singing La Marseillaise – the French national anthem – in honour of the two French guests. This story catches Fergus' unquenchable sense of fun, his love of music and song, and his gift for creating community wherever he ventured. The international aspect of this story resonates with the wider international dimensions of his work. He built ties with German youth projects and shared many youth exchanges in which he participated enthusiastically and forged many friendships. Through links to Habitat for Humanity, he organised for groups of inner-city young people to join him in visits to Romania and Paraguay to assist in building housing with local communities. Fergus believed social justice was indivisible and had always to be understood in its international context. This meant that young people from the inner city also had the same rights and needs to experience and contribute to such international opportunities as young people from other backgrounds

I write this piece on the day of Joe Biden's election as 46th President of the USA was called by CNN. Fergus believed deeply in democracy and always called for respect for everyone who engaged in the democratic process. At his 70th birthday party, he reminded the large crowd of his cancer diagnosis in a low keyway and then went on to speak about the importance of respecting different points of view.

Significantly, among those present were many politicians of different hues who had grown to respect his commitment and judgment, despite sometimes different analysis. Fergus questioned many orthodoxies and engaged in lively debate - but always with respect and humour. Notable too among the attendance were many people he had helped – young and older, including many young migrants

Fergus put his heart into supporting communities, but the community that always had his first priority was the family he built with his beloved Helena. They had three children, Ella, Cathy, and Eoin. A comfort to the family in their grief was that Fergus died suddenly the next morning, and without pain, after enjoying a family birthday party the night before at which his three grandchildren were stars of the show.

Fergus died during Covid-19, but people lined the streets of the inner city at different points as his funeral cortege passed to pay tribute to a man who had in many senses given his life to the people of the inner city. In Fergus, people had found a man who was loyal and authentic in his caring and commitment, and in his affirming of their value. They came out that day in remarkable numbers to acknowledge his presence in their lives.

I feel privileged to have known him as a friend and to have been inspired by him as a social worker and community activist. His spirit is captured in these words included in the funeral notice placed by Helena, Ella, Cathy, and Eoin:

Hope over cynicism
Prevention over cure
Humanity over dogma
And Spurs over everything!

IASW JOURNAL GUIDELINES

These IASW Journal guidelines were updated as a means to offer additional guidance for the Author(s), assist those in reviewing the articles (reviewers/Editor) and enhance the quality of articles published. Part one includes the additional guidance.

The IASW Journal Committee requests Authors to follow the guidance below.

Please include the following:

Part One:

1. Submission Process:

All articles should be submitted by Email for the attention of the Journal Editor. Email: administrator@iasw.ie.

2. The Article Title Page:

The title page should include the paper title, be concise and informative. Titles are often used in information-retrieval systems so avoid abbreviations.

3. Author Details:

Name of author(s), qualifications, author job title, brief relevant experience, and email address.

4. Abstract (Summary) and Keywords:

The page following the title page should carry an abstract followed by a **list of three to ten keywords**. The abstract, up to 150 words should include a **short outline of the article**, the main purposes, findings and conclusions of the article or study while emphasising what is new or important.

5. Introduction:

Include a short introduction, introducing the reader to the topic, your motivation for writing the article, a brief review of the existing knowledge related to the topic and a summary of your conclusions.

6. Conclusion:

Include a short conclusion summarising your thoughts and the importance of the article's findings.

7. Acknowledgement:

Please acknowledge anyone who has contributed to the process of completing the article.

8. Text:

- The article should be typed, double-spaced and in 12-point Times New Roman font.
- Pages should be numbered but do **not** use any other automated features.
- Numbers one to ten should be written as words in the text, unless used as a unit of measurement; all numbers should be written in digits in tables and figures.
- All numbers which start sentences should be written in words, not digits.
- Bold typeface should be used for headings of sections and sub-sections within the paper.
- Writing should be clear, simple, and direct.
- Short sentences are preferred.

9. Tables:

Please submit tables as editable text and not as images. Number any tables consecutively in accordance with their appearance in the text and place any table notes below the table body.

10. Word length:

Articles should be **2,000/4,000 words** in length

11. Include agreement:

Not to publish the complete article in any other Journal (exception HSE Lenus, Open Access health repository with an agreement of six months delay: IASW will forward each published Journal to Lenus the HSE health repository for delayed publication)

Part Two: Publications House Style:

Harvard Referencing System:

Citing references in the text. Writers' surnames only, with year of publication and page number, are given in brackets after the reference.

Example:

1. Reference from book:

Quotes of 3 lines or less are included in the normal flow of text and are given single quotation marks.

And as one writer suggests 'all living systems have boundaries which mark them off from their environment'. (Preston –Shoot and Agass, 1990:45)

If longer than 3 lines, then the quote is indented, and no quotation marks are used. If you are quoting some information about systems thinking and you want to use more than the 3 lines of the above example it will look like this.

The metaphor of open and closed systems can fruitfully be applied to many aspects of human functioning, as well as to theories and belief-systems. It can be used as a sort of shorthand to evaluate the condition of any human system, from individual to an entire social or national group. For example, an individual who is open to other people, to new experiences and to new ideas and who interacts productively with the environment (Preston-Shoot and Agass, 1990:47).

And the rest of the paragraph reads like this back to normal format.

2. Reference from article:

'The coming together of such and impressive and yet diverse array of organisations for the specific purpose was in itself an historic landmark' (Lorenz, 1997:11).

3. References from edited book:

'The claim was that social workers had too much power to intervene in family life without being either useful or effective'. (Howe, 1996:83)

4. Bibliography

List all references in alphabetical order.

The format for listing books is as follows: Author's surname, first name or initials, year of publication, title of book in italics, publisher's name, and place of publication.

Where there are several references for one author, list them in chronological order by year of publications. If there are several publications in one year distinguish them by using a, b, c after the year.

A. For chapter in book:

Author/s surname, initials/first name, year of publication, title of article in single quotes, the name of the editor of the book in which it appears in italics, publishers name and place of publication.

b. Article:

Author's surname, initials/first name, year of publication, title of chapter in quote marks, title of journal in italics, and volume number and page numbers for complete article.

c. Bibliography:

Would appear as follows:

Howe, D. (1999). 'Surface and depth in social-work practice.' In Parton, N(Ed), *Social Theory, Social Change and Social Work*, Routledge, London.

Lorenz, W. (1997). 'ECSPRESS – The Thematic Network for the Social Professions' in *Irish Social Worker,* Spring, Vol. 15 No 1, (11-12).

Preston-Shoot, M and Agass, D.
(1990). *Making Sense of Social Work, Psychodynamics', Systems and Practice*. Macmillan, London.

It is acceptable to use the term, et al in the text only where there are 3 or more authors. So, if Clarke, Loughran, Smith and Walsh were the authors it could be references in the text as (Clarke et al., 1997, 99) but full details must appear in the bibliography.

Additional points:

5. Citation in text:

Please ensure that every reference cited in the text is also present in the reference list (and vice versa). Any references cited in the abstract must be given in full at the end of the abstract. Unpublished results and personal communications are not recommended in the reference list but may be mentioned in the text.

6. Web references:

The full URL should be given and the date when the reference was last accessed. Any further information, if known (Digital Object Identifier (DOI), author names, dates, reference to a source publication, etc.), should also be given. Web references can be included in the reference list.

CALL FOR ARTICLES

Celebrating 50 years of Irish Social Work:

In 2021, The Irish Social Worker will publish a special issue of the journal to mark the 50th Anniversary of IASW. We are looking for articles that explore the development of IASW over the past 50 years and the contribution it has made to social work practice and research in Ireland. We would like to hear from authors who have contributed to past editions of the journal to reflect on changes to the profession. We are also interested in articles that provide insight into all areas of social work practice, research, and education. Articles might address the following:

- When did a particular area of social work begin?
- What were the main influencing factors?
- What types of issues are addressed in the setting?
- What types of interventions are employed? Individual, group, family, community?
- Is there any research that has informed the interventions?
- Include brief vignettes or case studies that best capture social work setting.
- What are the most typical ethical tensions?
- What are the opportunities and the challenges?
- Is your area of social work attached to an IASW special interest group? How has the IASW influenced and contributed to the growth and development of specialist area of social work?

Interested authors should submit their abstracts (max 300 words) by **15th February 2021**. Based on the abstracts, a selection of authors will be invited to submit full articles which will undergo peer review.

Please submit your abstract in a word document of 1 A4 page containing the following information:

- Suggested title.
- Abstract (max 300 words).
- Name of all authors with affiliations.
- Email address of corresponding author.

IASW AGM, National Social Work Conference & 50th Anniversary

Annual General Meeting

Date: 26th May 2021

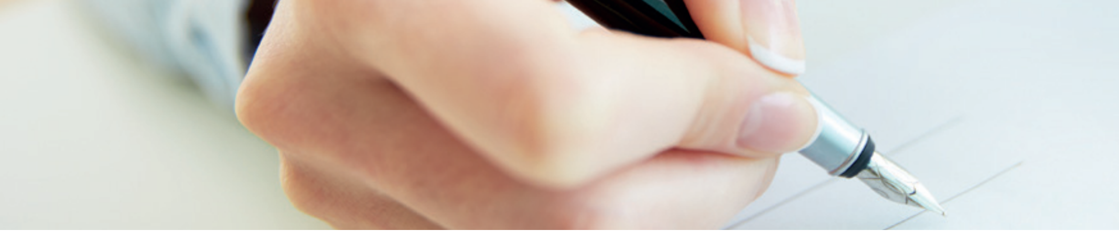
@ 5pm via Zoom

National Social Work Conference

Further information can be found on www.iasw.ie

50th Anniversary of the IASW

Keep an eye on www.iasw.ie for information on our Celebrations!



Testimonials

Let our members speak for us

Member satisfaction is of paramount importance to us. Take a look at what our members have to say about us.

As a social work manager, I am keen to provide education and training opportunities for staff. The IASW has been a great resource for me in that area. I have also benefitted professionally from membership of an associated group within the IASW, the collective advocacy of these groups, supported by the IASW, has given social workers a voice at national level.

Amanda Casey

IASW is our organization and it facilities us to have an independent voice to highlight and advocate for our client's needs. Our clients are central to our work and IASW ensures their voices are heard as we highlight the issues that need addressing.

Though I am retired, I am still a member of IASW as issues have come up that I feel need addressing and IASW facilitates this.

Ann Byrne

When I started my job as a mental health social worker in 1999, my supervisor handed me an application form to join the IASW. She explained how important it was to be a member of the Association in terms of my own professional development and to support the development of our profession. I have learned so much from being part of the activities of my mental health special interest group and I have made many good friends too.

Frank Browne

I feel it is only by building a strong social work community, through IASW membership, that we can become a more powerful, unified, 'listened to' voice for both ourselves as a social work profession, and ultimately for the people with whom we work.

Patrice Reilly

What Can You Do?

Get others involved so they too can be protected and supported, develop their careers, stay informed and influence the future of social work in Ireland. Members from across the profession are all welcome – fully qualified, retired, new to the role or studying for their qualification.

Encourage **one of your colleagues to join the IASW today**. For every member you recruit, the **IASW will enter you into a draw to win:**

1 of 3 €200euros one-4-all vouchers **or** a one-year free subscription to the IASW (you decide!)

You have until February 28th to recruit as many members as you can. Each member you recruit represents one entry into the draw. The draw will take place on March 1st . Prize winners will be contact that week.

Notes

Notes

Open Access Practice & Research Journal

Winter 2020

Journal Committee: Majella Hickey, Chair of the IASW Journal Committee, Frank Browne, Dr Colletta Dalikeni, Sinead Twomey and Steven Peet and our panel of expert external peer reviewers

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Social work is your profession - Join the IASW - We are stronger together

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